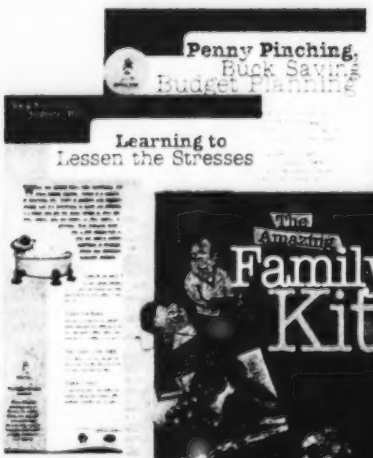
you're amazing

You're Amazing Program

Final Evaluation Report

Summer '99



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You're Amazing
Program Evaluation
Final Report

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YOU'RE AMAZING PROGRAM EVALUATION FINAL REPORT

EXECUTIVE SUMMARY

This report presents findings from an evaluation of the *You're Amazing* health promotion program conducted for Alberta Health and Wellness by the Population Research Laboratory, University of Alberta. A baseline report, published in November 1997, established benchmarks for comparison with results obtained from interim and final follow-up surveys of young parents and a final follow-up survey of influencers of young parents (individuals who have regular contact with young parents).

Featured in this report are results of a final telephone survey of 282 Albertan parents between the ages of 18 and 30 years who were interviewed for the purpose of measuring their awareness of health determinants and measuring the impact, reach and visibility of the provincial *You're Amazing* health promotion program. These 282 young parents had previously participated in baseline and interim surveys conducted in 1997 and 1998 to obtain information on their knowledge, attitudes, and behaviours related to health determinants and responsibility for health and well being. The interim and final surveys measured awareness of the *You're Amazing* program and program elements, and asked young parents about their views of the program. This report also reviews findings from 50 qualitative interviews conducted by telephone with young parents who also participated in the final telephone survey. These 50 interviews provide an in-depth perspective of young parents' views and motivation with respect to health behaviours.

The results of the final telephone survey of 221 influencers of young parents who had previously participated in the baseline survey are also presented in this report. The influencer surveys covered the same topic areas as contained in the surveys of young parents.

Also presented in this report are the opinions of young parents and influencers regarding program and policy options relevant to the *You're Amazing* program and future health promotion initiatives in Alberta.

The You're Amazing Program

The *You're Amazing* program is a social marketing initiative designed to promote the well-being and health of young parents, their families and their communities by raising their awareness of health determinants. The program was launched in June 1997. Between June 1997 and March 1999, a number of program elements were implemented across Alberta, including:

- a travelling display named "*You Ought to be in Pictures*" that toured the province in the summer of 1997, and again in the summer of 1998;
- radio promotions of the *You're Amazing* program and of the 1997 tour;

- tour distribution of novelty items (novelty pencils, bookmarks, t-shirts, ball caps, and frisbees) featuring the *You're Amazing* logo;
- posters and brochures;
- 1998 and 1999 wall calendars featuring *You're Amazing* messages; and
- the *Amazing* Family Kit launched on October 22, 1998.

Full-page advertisements that carried the *You're Amazing* messages ran in five consecutive issues of *Calgary's Child*. The program was also featured in various newspapers, newsletters and television programs. Program messages focused on the influence on health of a broad range of factors: specifically, coping skills; social support; employment and working conditions; income and financial management; and child development.

Partnerships

Community intersectoral and corporate partnerships were a key element of the *You're Amazing* program. These partnerships were expected to increase the potential to sustain the *You're Amazing* program messages, concepts and approaches beyond the two year term of the program. Evaluation of this partnership component was carried out in early 1999, and results are documented in a separate report submitted to Alberta Health and Wellness by Linda Barrett and Jane Yi, graduate students with the Centre for Health Promotion Studies, University of Alberta.

Purpose Of The Evaluation

The evaluation had three specific objectives:

1. To assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health;
2. To assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of their role in looking after their own, their family's, and their community's well-being and health;
3. To assess the effectiveness of the *You're Amazing* program in increasing young parents' active involvement in looking after their own, their family's, and their community's well-being and health;

In order to measure the effectiveness of the *You're Amazing* program, it was also necessary to determine the reach and impact of the program with respect to the target group. The following additional objectives were included to address these issues:

4. To assess the reach and visibility to young parents of the *You're Amazing* program;
5. To assess the response of young parents to the various *You're Amazing* program elements.

Program Reach and Visibility

Overall, 41% of the young parents in the final survey were aware of the *You're Amazing* program, and 27% recalled the program by the *You're Amazing* name. At interim, only 17% of young parents were aware of the program; thus, continuation of the program and dissemination of additional program elements increased the visibility of *You're Amazing*. In the final survey, 16% of the influencers indicated they were aware of the program.

When considering the reach of the individual *You're Amazing* program elements, the Family Kit reached the largest number of young parents interviewed (15%), followed by the poster (14%) and the calendar (13%). Twelve percent of the sample saw the "You Ought to Be in Pictures" travelling display. The bookmarks, brochures, and posters reached the fewest young parents (11%). Almost one third (30%) of the young parents were aware of only one or two program elements. The remaining 10% of the target group sample who had contact with the program reported having seen or obtained three or more program elements. Influencers were not asked about exposure to specific program elements. Public health centres in regional health authorities were the most frequent sources of program messages for both young parents and influencers.

The results of one local and two nation-wide health promotion initiatives that used social marketing techniques provided some context for assessing the reach of the *You're Amazing* program. ParticipACTION saw 20-25% public awareness after about 5 years, and after 25 years, it is now estimated that 90% of the target group is aware, with about 50% providing unprompted name recognition.[1] After 1 year, the "5 A Day" program in the United States showed 10% program recognition, increasing to 15% in the second year. The use of intensive marketing techniques for the local program, "Hanging with Riff," resulted in more immediate recognition of the program, with 30% of the target audience indicating program awareness after two months.

The nation-wide campaigns, initially showed lower recognition rates than the *You're Amazing* program; however, increases of program awareness over time were significant, indicating continued presentation of messages over time is critical for program recognition. The intensive marketing of the local program resulted in a much higher immediate recognition rate. Although not directly comparable, since the marketing methods, target groups and measurements differ, fitting the *You're Amazing* program somewhere between the local program and the nation-wide programs suggests that reach of the *You're Amazing* program was favourable.

Impacts of Program Messages

Those young parents who were aware of the *You're Amazing* program felt that it was a positive initiative and appreciated its messages. Fifty-five percent could identify program messages, and the majority of these responses related to messages conveyed by the *You're Amazing* program.

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1 Source: Russ Kisby, President,ParticipAction - personal communication, July 1999

About 70% of the young parents aware of the program identified positive aspects of the program that support the *You're Amazing* messages and intent. Those who said they didn't know what was positive about the program indicated that they did not know enough about the program to make a comment.

A statistical analysis was carried out to determine whether contact with the *You're Amazing* program effected any significant change in young parents' responses to fixed-response questions regarding the various factors that affect well-being and health. This analysis did not reveal any trends or effects that could be attributed to the program.

Nevertheless, in the qualitative interviews, about one in four parents indicated that the *You're Amazing* program had influenced their awareness of health determinants and their involvement in health promoting behaviour by providing positive reinforcement, reminders and new information. About one in five respondents to the qualitative interview who made changes to improve well-being and health indicated that the *You're Amazing* program elements, or the survey itself, may have influenced their decision to make the change. Those parents who were not influenced by the program either viewed the messages as something they already knew, or indicated that they had not had adequate exposure to the program to increase or influence awareness of factors contributing to well-being and health.

Awareness of Determinants: Young Parents and Influencers

At baseline, young parents' responses to the survey indicated that they were generally aware that health is influenced by a broad range of factors and took an active role in promoting well-being and health for themselves, their families and their communities. Thus, it was unlikely that exposure to the *You're Amazing* program would produce a demonstrable change in this group on the evaluation measures. Influencers, likewise, demonstrated this same general awareness. For both the fixed response questions and the open-ended questions used to measure the objectives of the program, there was little change in either group over the period of the evaluation study. However, the information gathered in this study establishes a measure of young parents' and influencers' awareness of the factors that influence well-being and health.

At baseline, interim and final, young parents were asked to identify what factors contribute to family well-being and health. At baseline and final, they were asked about what factors they perceive are barriers to family well-being and health and what they did to promote well-being and health in their families and their communities. They were also asked to identify changes they had made and planned to make to improve well-being and health. Influencers were asked to identify what factors contribute to family well-being and health at baseline and final. Responses to these questions were then categorized under the various health determinants.

Contributors and Barriers to Well-being and Health

As in the baseline and interim surveys, **social supports** were the most frequently mentioned factor that contributes to a family's well being and health in the final survey of

young parents. Overall, 57% of the young parents interviewed in February 1999 mentioned social supports (time with family/supportive relationships) as contributors to the well-being and health of their families. For influencers, as well, factors related to social supports (supportive relationships) were most frequently mentioned, with 50% identifying factors related to this determinant.

Factors related to **personal health practices** (46%), particularly "good nutrition," and **biology and genetic endowment**, particularly "good physical health," (43%) were the second and third most frequently mentioned contributors to well-being and health by these 282 young parents in Alberta. These two health determinants were not addressed by the *You're Amazing* program. For influencers, the most frequently mentioned factors, following social supports, were related to **income** (45%), "financial security," and to **child development** (36%), "secure stable home life."

As at baseline, young parents most frequently identified factors related to **coping skills** (44%), particularly "lack of time," and **income** (31%), "financial problems," as barriers to well-being and health in the final survey.

Some differences exist between young parents and influencers with respect to views about contributors to well-being and health. Both young parents and influencers clearly identify **social supports** as a contributor to family well-being and health; however, young parents identified "time with family" most frequently under this category, whereas influencers most frequently identified "supportive relationships with family and friends" under this category. Almost 45% of influencers cited "financial security" as a contributor, whereas only 13% of young parents cited this same element.

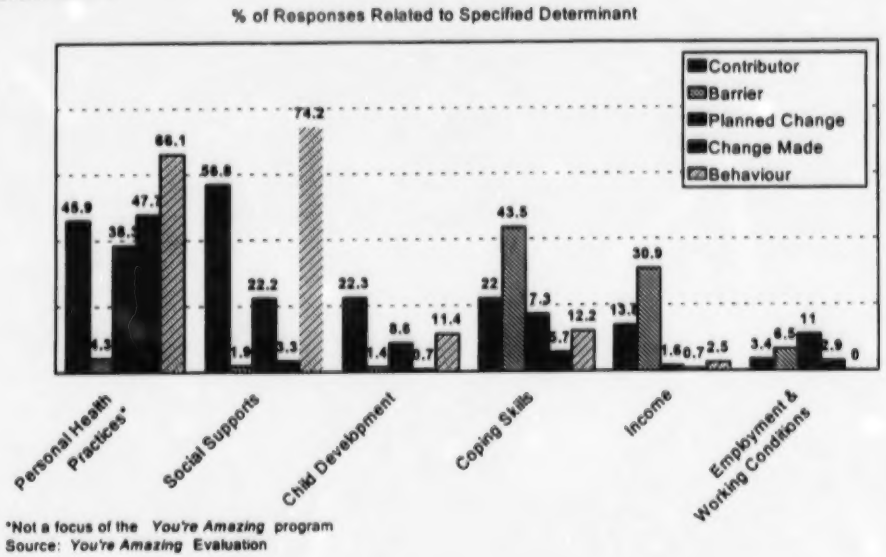
Role and Responsibility for Well-being and Health

Young parents' responses to the open-ended questions regarding changes made, planned changes, and behaviours that promote well-being and health, provide some insight into their views of what they can do to promote well-being and health for themselves and their families. With respect to changes made in the past few months, young parents most frequently cited factors related to **personal health practices** (48%), particularly in the area of exercise and nutrition. Almost 40% reported no changes. In the area of planned changes, **personal health practices** (38%) and **social supports** (22%), "plan to spend more time with family," were most frequently mentioned. Seventeen percent of young parents also mentioned planned changes in the area of **coping skills**, and only 10% reported no intended changes. By far, factors related to **social supports** (74%) and **personal health practices** (66%) are viewed by young parents as the areas where they are able to promote well-being and health in their families.

Figure 1 shows the distribution of responses from the final survey for each of the questions that addressed family and personal well-being and health as they relate to the five determinant categories which were addressed in the *You're Amazing* program. Responses relating to personal health practices, although not a focus of the program, are

also included in the figure, as young parents frequently identified these factors in response to all questions.

Figure 1. Young Parents' Responses to Open-ended Questions by Health Determinant



*Not a focus of the *You're Amazing* program
Source: *You're Amazing* Evaluation

As is evident in the figure above, young parents are more likely to mention factors related to **social supports**, and **personal health practices** and less likely to mention factors related to **income, employment and working conditions** and **education** (not shown in figure). On the other hand, fixed response ratings, for the most part, indicate that young parents recognize that these factors are important to well-being and health. The exception arises when young parents (and influencers) are asked about the gradient effects of education and income. Further research would be necessary to understand the differences that are evidenced here.

In response to rating questions asked in all surveys regarding roles and responsibilities for family and individual health, both young parents and influencers continue to agree that individuals and government each have responsibilities to take a role in the promotion of well-being and health.

Community

Factors relating to **social supports** were the most frequently cited by young parents as contributors to a healthy community. And, when asked what they did to promote a healthy community, young parents again most frequently mentioned factors relating to social supports. Participation in community activities and good communication and cooperation between neighbours were mentioned in response to both questions. Young parents' recognition of the importance of social supports within a community is reinforced by their own involvement in supportive activities in their community.

Program and Policy Options

For the final survey, the Evaluation Steering Committee requested the addition of four questions that addressed program and policy options relevant to the *You're Amazing* program and future health promotion initiatives in Alberta. Overall, both young parents and influencers agreed that young parents should be a high priority for health promotion programs in Alberta. They also tended to agree that social marketing programs were an effective way to promote health and that government and business should work together to fund health promotion programs like *You're Amazing*.

Conclusion

The *You're Amazing* program was intended as a step towards continued health promotion efforts that encourage and support positive behaviours that go beyond reliance on health services and standard health practices such as fitness and nutrition. The goals of the *You're Amazing* program were far reaching, and it was recognized at the outset that the long term benefits of the program might not be realized in the short term of the program evaluation. Moreover, the impact of a specific social marketing program such as *You're Amazing* can be difficult to measure given the many intervening factors that could also influence change in attitude and behaviour.

Given these acknowledged parameters of timeframe and other intervening factors, the *You're Amazing* program evaluation provides valuable information that can be used as a benchmark for future health promotion initiatives. Some key learnings gained from this evaluation:

- Young parents recognize that health is influenced by a broad range of factors beyond health services and standard health practices.

- Young parents identify factors relating to **social support** and **personal health practices** more often than factors relating to **income, employment and working conditions** and **education**.

- Young parents' reports regarding change, intention to change and ongoing behaviours to promote well-being and health reflect their perception that these behaviours benefit not only themselves but their families and their children as well.

- Young parents reported that the *You're Amazing* program messages reinforced and supported their positive attitudes and behaviours in promoting their own, their family's and their community's health.

- Social gradient effects of income and education on well-being and health are not clearly identified by young parents or influencers.

As noted above, determining the impact of a social marketing program such as *You're Amazing* can be difficult. The following recommendations are suggested for future evaluation efforts of similar health promotion programs.

1. *Use interactive program elements to attract the target group to key messages.* The *Amazing* Family Kit and the calendars provided a number of elements that encouraged participant interaction. These two elements were most frequently cited as having an effect on attitude and behaviour. Elements such as posters and brochures increase program visibility but are not as effective for instilling program messages.

2. *Establish measurable objectives for expected reach and impact of the program.* While 40% of the target group were aware of the program at final interview, only 22% could identify a program message. Distinctions need to be made between awareness of the program and the impact of the program messages over time. Program objectives should also be based on results from other similar social marketing initiatives

3. *Establish quantifiable objectives for expected change in the target group.* The objectives of the program were to increase young parents' awareness of the determinants of health. The measures established at baseline mainly addressed this general objective. However, the *You're Amazing* program not only focused on providing information and thus increasing awareness of health determinants, but also on encouraging and supporting the positive behaviours and attitudes that already existed in the target group. Program objectives need to address all these aspects. The objectives and interventions should be clearly stated to provide consistent direction to the program and to facilitate evaluation of program objectives.

4. *Be flexible in the evaluation process.* In a scientific study, using a repeated measures design, it is essential that tests and measures remain exactly the same. In an evaluation of a social marketing program, while some elements should remain consistent, the evaluation instruments should be adjusted to capture the process of the program. Evaluators and program personnel need to examine the validity of their measures in each phase of the evaluation. An example from this study is the repetition of fixed response items. At baseline, over 75% of respondents indicated that they recognized the importance to well-being and health of all of the factors presented. Fewer items could have been used in subsequent surveys while still yielding similar information. In addition, there were few quantifiable measures for program reach and impact. Most of the information in this area was revealed in the qualitative interviews with a small sub-sample of the target group sample, which does not allow for generalization.

5. *Start small to refine program process.* The objectives of the program were far-reaching both in expected change and expected range of dissemination. Over the short period of the program and the evaluation, it was unlikely that these objectives could be met. Initial implementation of the program within a limited geographic area

would have provided an opportunity for refining the program elements and dissemination process so that it could more easily be expanded to a wider population. This would also provide an opportunity for clarifying program objectives. A further benefit, from the evaluation standpoint, would be that a comparison group could be constructed in another similar community.

6. *Extend the period of program implementation.* The *You're Amazing* program had only a two year implementation period. A broad based program such as this requires more time for effective dissemination of program messages . In the absence of a longer implementation period, more intensive marketing over the short term or limiting the scope of the program, as mentioned above, would be required to increase both visibility and impact.

1. INTRODUCTION

This report presents findings from an evaluation of the *You're Amazing* health promotion program conducted for Alberta Health and Wellness by the Population Research Laboratory, University of Alberta. This evaluation study was directed by the *You're Amazing* Evaluation Steering Committee which included representatives from the program Advisory Committee and other divisions of Alberta Health and Wellness. A baseline report, based on quantitative interviews with 652 parents and 526 "influencers" and qualitative interviews with 50 selected parents, published in November 1997, established benchmarks for the evaluation. An interim report, published in August, 1998, was based on 423 follow-up interviews with young parents who participated in the baseline survey, and assessed the mid-point impact and reach of the *You're Amazing* program. This report presents findings from the final quantitative survey of 282 young parents, conducted in February 1999 and qualitative interviews with 50 selected young parents who participated in all three surveys, along with quantitative interviews with 221 "influencers" who also participated in the baseline survey. This report also discusses overall results from all three surveys, draws conclusions and presents recommendations.

1.1 THE *YOU'RE AMAZING* PROGRAM

In September 1995, an intersectoral advisory committee was convened to plan for a Provincial Health Promotion Project. In August 1996, this committee presented a strategic plan for the *You're Amazing* program to the Minister of Health, which was approved for implementation in November 1996.

The *You're Amazing* program was a two-year initiative, spearheaded by Alberta Health and Wellness, intended to increase young parents' awareness of the broad determinants of well-being and health, and to encourage parents' active involvement in looking after their own, their family's, and their community's well-being and health. The program took a social marketing approach, using a variety of media and materials to promote well-being and health for young parents, their families, and their communities. The primary target group, "young parents," consisted of 18 to 30 year old parents in Alberta. The secondary target group, "influencers," consisted of individuals who have regular contact with, and an influence on, young parents.

Alberta Health and Wellness launched the *You're Amazing* program in June, 1997. Funds for implementation included $1.2 million from Alberta Health and Wellness and additional funds to be raised through corporate sponsors of the program (a targeted amount of $400,000).

There were three main elements used in the dissemination of program information.

1) In the summer of 1997 and the summer of 1998, "*You Ought To Be In Pictures*," a travelling display where young parents could share their tips for healthy living toured throughout the province. This tour was coordinated by the Provincial Be

Fit For Life Network through partnership with Alberta Community Development. Novelty items were distributed at these displays and also through Alberta Credit Unions (a major sponsor of the *You're Amazing* program).

2) *You're Amazing* wall calendars that provided monthly tips and information were distributed to young parents in December, 1997 and December, 1998.

3) The *Amazing* Family Kit was launched on October 22, 1998. This final program element was distributed to young parents throughout the province through RHAs/ public health units, daycares, day homes, and other sites. A revised Family Kit, developed for distribution to young parents through workplaces, was also produced just prior to the final survey. Distribution of these kits was delayed until late March 1999.

There were numerous other elements developed to support the three elements noted above. These included: radio time purchased in Edmonton and Calgary to advertise and promote the "You Ought To Be In Pictures" tour and the *You're Amazing* program in 1997; posters, bookmarks and brochures that promoted *You're Amazing* messages, which were distributed throughout the program implementation period; and periodic newspaper advertising and media coverage.

All program elements were developed in consultation with *You're Amazing* partners. These partners were members of the *You're Amazing* Steering Committee, made up of representatives from the Regional and Provincial Health Authorities (RHAs / PHAs) and major corporate sponsors, and the *You're Amazing* Advisory Committee made up of representatives from non-government organizations and other government departments representing diverse sectors). Focus groups were held with target group members to determine appropriate content for the various program elements.

Four semi-annual monitoring reports[2] provide further information on the distribution of all program elements.

The final phase of data collection from the target group of young parents and the influencer group was initiated by the Population Research Laboratory toward the end of the implementation period, about 20 months after the program was launched, and about four months after the Family Kit was released across the province.

Guiding Principles and Concepts

The guiding principles for the *You're Amazing* program are reflected in the goal statement of Alberta Health and Wellness for an emphasis on population health in Alberta Health and Wellness's *Three-Year Business Plan and Supplement 1996-97 to 1998* (February, 1996). More specifically,

Health will be understood in the broadest sense of physical, mental, social, and spiritual

2 These reports are available through Alberta Health and Wellness, Population Health Strategies, 23rd Floor, 10025 - Jasper Avenue, Edmonton, Alberta T5J 2P4.

well being and as a resource for everyday living. In addition to understanding that health is influenced by such factors as social, physical and economic environments, behavioural practices and lifestyle, one's own genetic endowment, and health services, people will understand that it is important to be involved in the protection and promotion of health.... People will also understand that they have a responsibility for becoming active participants in their own health and well being. (P.17.)

The *You're Amazing* program addressed this goal by targeting young parents. This decision was made by the intersectoral advisory committee as part of the strategic plan for the program. Young parents were chosen as the target group because they are motivated to change by the transition to parenthood and are receptive to new information. Moreover, changes in attitudes and behaviours in these young parents may also influence their children and their communities.

Both the *You're Amazing* program and the evaluation study are guided by the concept of population health as discussed in *Strategies for Population Health, Investing in the Health of Canadians*.[3] "Population health strategies are designed to affect the entire population" rather than individual health problems and "address the entire range of factors that determine health."[4] The *You're Amazing* program elements are based on the determinants of well-being and health as conceptualized by the Federal, Provincial and Territorial Advisory Committee on Population Health[5] (1994): Income; Social Supports; Personal Health Practices and Coping Skills; Healthy Child Development; Employment and Working Conditions; Education; Physical Environments; Health Services; and Biology and Genetic Endowment. While all of these factors are important in their own right with respect to their influence on well-being and health, they are also interrelated in their effect on well-being and health. The *You're Amazing* program and this evaluation recognize and address this interrelationship.

The *You're Amazing* program was based on the premise that an increase in the awareness of all the factors that affect health will result in a greater understanding of the individual's ability to effect change in health status, and that health is more than health care. By relating these factors to the everyday circumstances of individuals and families, the *You're Amazing* program aimed not only to increase awareness but also to provide tools and supports for practical application. An increased understanding of their role in promoting their own and their family's health and an increased awareness of available tools and supports leads to eventual change in behaviour on the individual level, and also provides support for community and policy action related to the broad factors affecting health.

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3 *Strategies for Population Health: Investing in the Health of Canadians*. Prepared by the Federal, Provincial and Territorial Advisory Committee on Population Health for the Meeting of the Ministers of Health, Halifax, Nova Scotia, September 14-15, 1994.
4 ibid. p.7.
5 ibid. pp.2-3.

Purpose of the *You're Amazing* Program

The purpose of the *You're Amazing* program was to promote health by providing information, tools and support that address several factors that determine individual, family and community health, and by encouraging individual responsibility for health. The *You're Amazing* program encouraged young parents to think of well-being and health as more than health care, biology, genetics, personal health practices and interaction with health services such as medical doctors and hospitals.

The *You're Amazing* program was designed to increase awareness of the importance of other factors that affect well-being and health including income (from the perspective of financial management), social supports (friends, family and community), coping skills (dealing with daily challenges), child development (early childhood experiences), and employment and working conditions.

The *You're Amazing* program had three primary goals:

1. To increase young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health;
2. To increase young parents' awareness of their role in looking after their own, their family's, and their community's well-being and health; and
3. To increase young parents' active involvement in looking after their own, their family's, and their community's well being and health.

The *You're Amazing* program was the first social marketing program in Canada to address the issue of health awareness with young parents. The primary intent was to initiate this program as a beginning step toward continued health promotion efforts that encourage and support positive health behaviours that go beyond reliance on health services and standard health practices, such as fitness and nutrition.

The goals of the program were far reaching, and it was recognized at the outset that the effect of program efforts based on specific outcome measures might not be observable in the short term of the program evaluation. The effects of social marketing programs are often not demonstrated until well after the program has ended, and may be generalized in public opinion rather than directly affecting individuals in the target group. It was also recognized that *You're Amazing* was only one of several influences on young parents during the period of program implementation, and that these other influences could either reinforce or conflict with program messages. As a result, the impact of a specific social marketing program such as the *You're Amazing* program is difficult to measure given the many intervening factors that could also influence change in attitude and behaviour. A further constraint for the program and the evaluation was that, prior to the baseline study,

there was little information regarding the level at which the target group stood with respect to the program objectives.

Partnerships

In keeping with the population health principles, a key aspect of the *You're Amazing* program involved establishing links to communities and existing health promotion programs through partnerships within and beyond the health sector. The partnership component of the program was intended to enhance the development and distribution of all program elements and to help ensure that *You're Amazing* would support and complement health promotion activities in RHAs/PHAs and other agencies.

The *You're Amazing* program established partnerships with the corporate sector through sponsorships. Alberta Credit Unions and Pfizer Canada, Inc. were major sponsors and participated in the *You're Amazing* Steering Committee; Merck Frosst Canada, Inc., Hoechst Marion Roussel Canada, Inc. and Wyeth-Ayerst Canada Inc. also provided funding for the program. Polaroid provided an in-kind contribution of film and cameras for the "You Ought to Be In Pictures" tour. Direct and in-kind contributions from partners in support of the *You're Amazing* program totalled close to $300,000. This funding was used to increase the reach of the program. Sponsoring partners' logos appeared on *You're Amazing* program materials.

Community, intersectoral and corporate partnerships were expected to increase the potential to sustain the *You're Amazing* program messages, concepts and approaches beyond the two year term of the program. Evaluation of this partnership component was carried out in early 1999, and results are documented in a separate report submitted to Alberta Health and Wellness by Linda Barrett and Jane Yi, graduate students with the Centre for Health Promotion Studies, University of Alberta.

1.2 PURPOSE OF THE EVALUATION

The purpose of this program evaluation was to assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of the broad determinants of well-being and health and in increasing their involvement in looking after their own, their family's, and their community's well-being and health.

The evaluation had three specific objectives:

1. To assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of the broad determinants of their own, their family's, and their community's well-being and health;
2. To assess the effectiveness of the *You're Amazing* program in increasing young parents' awareness of their role in looking after their own, their family's, and their community's well-being and health;
3. To assess the effectiveness of the *You're Amazing* program in increasing young parents' active involvement in looking after their own, their family's, and their community's well-being and health;

In order to measure the effectiveness of the *You're Amazing* program, it was necessary to determine the reach and impact of the program with respect to the target group. The following additional objectives were included to address these issues:

4. To assess the reach and visibility to young parents of the *You're Amazing* program;
5. To assess the response of young parents to the various *You're Amazing* program elements;

Accordingly, the evaluation study examined young parents' awareness of the *You're Amazing* program along with their awareness of the environmental, social, socio-economic, and personal determinants of well-being and health before, during and after the *You're Amazing* program. In addition, the evaluation study examined young parents' awareness of their role and involvement in looking after their own, their family's, and their community's well-being and health by examining health behaviours and changes they have made or intend to make to promote well-being and health.

The awareness and behaviour of influencers of young parents was also measured in the baseline and final surveys in order to assess the consistency of their attitudes and awareness about health and the factors that affect well-being and health. The survey of influencers also allowed for measurement of the reach and impact of the *You're Amazing* program elements beyond the primary target population (young parents).

For the final survey, the Evaluation Steering Committee requested the addition of four questions that addressed program and policy options relevant to the *You're Amazing* program and future health promotion initiatives in Alberta. These questions were asked of both the young parents and influencers.

The evaluation design focused on outcome measurement. As noted above, the effects of social marketing initiatives are often difficult to demonstrate using specific outcome measures within a fixed time period. A further constraint was that previous measures relating to the objectives of the program were not available for comparison purposes, particularly with respect to the target group. While this presented difficulties for assessing the effectiveness of the *You're Amazing* program itself, the data gathered in this evaluation may be used for establishing benchmarks for future similar programs.

1.3 DESIGN OF THE EVALUATION

The evaluation incorporated a repeated measures panel study design to assess changes resulting from the intervening *You're Amazing* program. The panel study consisted of a baseline survey, conducted prior to implementation of the *You're Amazing* program and two follow-up surveys with the same respondents from the baseline survey. The baseline study assessed responses to questions that measured awareness of the determinants of health that are the focus of the *You're Amazing* program (social supports, income, coping skills, child development, and employment and working conditions), as well as awareness

of determinants that are not part of the central program focus. This provided an internal "control" intended to allow separation of the effects of the "*You're Amazing*" program from broader currents of change.

Influencers were interviewed at baseline and final, and the influencer questionnaire closely followed that of the target group (see Appendix A).

Qualitative interviews with a subset of 50 young parents were also conducted at baseline and final in order to allow respondents to elaborate on their responses to open-ended questions in the quantitative surveys, and provide a better understanding of how young parents view health and the factors that affect health.

Most questions used in the baseline survey were repeated in each of the follow-up questionnaires. Additional questions were asked in the follow-up interim and final surveys to determine the visibility of, and public response to, the *You're Amazing* program elements.

While not directly related to the evaluation of the *You're Amazing* program, the final survey also included new questions to measure young parents' and influencers' views on program and policy options related to the *You're Amazing* program and possible future initiatives of this nature.

The survey instruments used in this study were designed in consultation with the *You're Amazing* Steering Committee. All survey instruments used in the *You're Amazing* program evaluation were approved by the Ethics Review Board, Department of Sociology, University of Alberta and by Alberta Health and Wellness and were pretested prior to data collection.

Target Group Survey Instrument

For the final survey, many of the questions asked at baseline and interim were repeated so as to permit comparisons of results across surveys among the group of young parents who responded to all three surveys. The final target group telephone questionnaire is contained in Appendix A of this report.

The questionnaire for young parents contained the following five elements:

1. Questions about the determinants of well-being and health

Respondents were asked how important such factors as physical environments, social networks, child development, socio-economic factors and personal health practices and coping skills are for the well-being and health of themselves, their families, and their communities. Included in these were 14 questions asked in the Public Perceptions of the Determinants of Health (PPDH) Survey—a Canada wide survey carried out in 1996 and reported in Canada's Health Monitor—that were used for comparison of the study sample with the general public. The same fixed response questions asked at baseline were

repeated at interim and final, except for those that appeared to be heavily influenced by social desirability.[6] Some new questions were added at interim to provide more adequate representation for some determinants. (These are noted in the questionnaire, Appendix A.) Five fixed response questions asked at baseline and interim were dropped in the final survey to reduce the length of the telephone survey. (These five questions were considered to be least relevant to evaluating the program.) Respondents were also asked open-ended questions about what factors contribute to well-being and health, and what are barriers to well-being and health. At interim, the question regarding barriers to well-being and health was omitted but was repeated in the final survey.

2. Questions regarding attitudes about roles in looking after well-being and health

Respondents were asked questions regarding their attitudes about their personal role in looking after their own, their family's, and their community's well-being and health. These questions focus on personal role with regard to a wide range of determinants of well-being and health, as identified in #1 above. Additional questions were also asked regarding respondents' views about the roles the community and government play in promoting well-being and health.

3. Questions about active involvement in promoting well-being and health

Respondents were asked questions about their current behaviours, awareness of need to make changes, intention to make changes, and changes made. These questions focus on personal change, change at the family level, and change in the community. These questions also focus on behaviours with respect to a wide range of determinants of well-being and health, as identified in #1 above. The rationale for asking the questions regarding intended change is that behaviour change and intent to change indirectly indicate awareness of personal role and responsibility in promoting well-being and health, based on the Stages of Change Theory developed by Prochaska and DiClemente.[7]

4. You're Amazing program awareness & response to program

This section was added at interim and repeated in the final survey to address the reach and visibility of the program elements. Fixed response questions were used to determine visibility of each program element. Open-ended questions addressed the impact of the program—these questions asked about awareness of the program message, what is good about the program and what could be done to improve the program. The effect of other similar health promotion programs was addressed with a question regarding respondents' awareness of other programs and messages. A question regarding the recognition of program sponsors and partners was also asked.

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6 For example, questions relating to child abuse and spousal abuse were not included in the interim survey because fewer than 2% of respondents rated them as having little or no effect on well-being and health which may have been the result of being so obviously related to well-being and health or the result of a social desirability effect .

7 Prochaska, J.O., and DiClemente, C.C. (1982) "Transtheoretical Therapy: Toward a More Integrated Model of Change." *Psychotherapy Theory, Research and Practice, 19*(3), 276-287.

5. Questions about health promotion programs and policy options

Four Likert-style questions asked respondents to indicate the extent to which they agreed or disagreed with specific program and policy options relevant to the *You're Amazing* program and future health promotion initiatives in Alberta.

6. Demographic variables.

At baseline, data were obtained for the following demographic variables: age (of respondent, respondent's spouse, and respondent's children), gender (of respondent), marital status and family composition (two parents present, one parent, number of children, blended vs. unblended families), socio-economic status (level of education, level of income, employment status). Rural or urban residence was established from phone number prefixes in the database. Questions about health status (chronic conditions) of family members were asked to determine possible intervening factors that would affect an individual's awareness.

Only the questions relating to marital status, age and number of children were repeated at interim. For the final survey, questions regarding marital status, age, number of children, employment status and income were repeated.

Influencer Group Survey Instrument

The questionnaire for the influencers (Appendix A) contained similar elements to allow for comparison with the young parents.

Qualitative Interviews

The qualitative interview protocol used in the final phase of data collection is also located in Appendix A of this report. The content of this instrument focused on the same domains included in the survey questionnaire, with the exception that the policy-related questions were not asked.

2. METHODOLOGY

2.1 SAMPLING DESIGN

Based on 1991 and 1996 population counts, there are an estimated 804,000 families in Alberta and roughly 76,000 of these families include 18-30 year old parents. There were 652 respondents to the baseline survey. Respondents for the baseline survey were selected if either they or their spouse were 18 to 30 years of age. As a result, approximately 10 per cent of the baseline sample were over 30 years of age at the time of the interim survey. The Evaluation Steering Committee and the PRL evaluation team decided that, in order to provide a more accurate representation of the target group with respect to age, only respondents who were 30 years of age or less at baseline would be called in subsequent surveys. Table 1 provides a breakdown of the sample construction.

Table 1
TARGET GROUP
Sample Construction & Response Rate

	Number	% of eligible Numbers
All Respondents at Baseline	652	
Baseline respondents refusing second interview	31	
Total numbers available for T3	**621**	
Business/Ineligible	68	
Not in Service	71	
Not Qualified – No Interim Survey	61	
Total Eligible Numbers	**421**	100%
No Contacts	104	25%
Refusals	32	8%
Completes at T3	**282**	**67%**

For the final survey (T3), the telephone database was set up using all the respondents from baseline, including those over 30, who agreed to participate in follow-up surveys (n=621). There were 343 respondents to the final survey from this group. However, for this report, we chose to drop 61 respondents who had only completed the baseline and final surveys and focus the analysis on those respondents who had completed all three surveys (n=282). This reduced the size of the final sample, but was done for two reasons. First, this would allow a complete analysis of change in all respondents over the period of the study. Second, it would eliminate those respondents to the final survey who were over 30 at baseline (n=37).

The sample for the final survey (n=282) was a panel made up of respondents who completed the baseline, interim and final surveys.

Sampling for Respondents to the Qualitative Interviews

Fifty qualitative telephone interviews were conducted with young parents who had recently participated in the final telephone survey. The key criterion for selection of these 50 respondents was that they were aware of the *You're Amazing* program. Qualitative interviews were conducted by phone between March 25 and April 7, 1999. There were 28 young parents in the final sample (n=282) who had participated in the qualitative interviews at baseline. However, only five of them were aware of the *You're Amazing* program and, thus, eligible to participate in the final qualitative interviews, and four of these were reached for the qualitative interview. This occurred for two reasons: most of these young parents who participated in the qualitative interviews at baseline said at the time of the final telephone interview that they had not heard of the *You're Amazing* program (n=19). Four others did not consent to a second qualitative interview. The final sample for the qualitative interviews consisted of four respondents who had participated in the qualitative interviews at baseline and 46 respondents who had not. As a result, comparison of findings from these interviews with those from the baseline interviews of 50 parents is not possible on a case by case basis.

2.2 TARGET GROUP SAMPLE REPRESENTATIVENESS

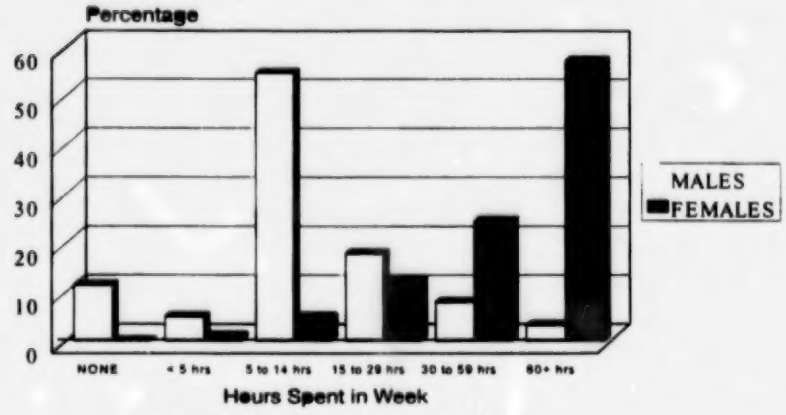
The targeted sample population for the baseline survey was Albertans between the ages of 18 and 30 who had children. In addition, institutionalized populations were excluded from the target sample population, as were all individuals who did not live in a household with a telephone. The unit of analysis was individuals who were the primary caregivers in their families.

In using a panel design, it was important to establish that the sample from the baseline survey was representative of the target group population. Data from the 1995 General Social Survey, Cycle 10 – Family and Friends (GSS) were selected to assess the representativeness of the sample because it is a national survey that identifies caregiver status of 18-30 year old parents and allows comparison to the baseline sample when restricted to the province of Alberta. Thus, we could determine the representativeness of the baseline sample with respect to selected demographic variables based on the primary caregiver criterion.

Females as Primary Caregivers

In the 1995 General Social Survey, 71% of Alberta males aged 18 to 30 with children said that they spent less than 14 hours per week looking after children. Only 6% of Alberta females, aged 18 to 30 with children, reported that they spend less than 14 hours per week looking after children. On the other end of the child care continuum, 57% of Alberta females, aged 18 to 30 with children, reported spending 60 or more hours per week looking after children, while only 3% of Alberta males, aged 18 to 30 with children reported 60 or more hours. This data supports obtaining a sample that consists primarily of females, such as was obtained in the baseline study (76% female). Figure 2 below illustrates these dramatic differences in child care by gender in the province.

Figure 2.
Hours Spent Looking After Children Without Pay by Gender
Albertans aged 18 to 30 with Children



Statistics Canada, 1995 General Social Survey Cycle 10

In the baseline survey, quota sampling was not used because of financial restrictions. Random digit dialing techniques were used to randomly select Alberta households. The sampling method took advantage of the trend for females (who are more likely to be primary caregivers) to answer the phone.

Baseline Data Comparison with General Social Survey Cycle 10 on Selected Demographic Variables

Comparisons between the baseline data and the 1995 General Social Survey Cycle 10 were made on the selected variables of age, marital status, education and annual household income. When using the selection criteria of age, family status, and caregiver status, the GSS sample had a gender distribution similar to the baseline sample. Although the GSS is a large national survey, when imposed with the selection criteria, the effective sample size of the 1995 GSS is fewer than 100 Albertans. Therefore, the comparisons made here may be subject to extreme sampling variability and the results with respect to representativeness should be interpreted with extreme caution where large differences between the samples are found.

Age

In the baseline survey, 31% of the sample were aged 25 or younger. In the GSS sample, 30% of the sample with similar characteristics were aged 25 or younger. The median age in both surveys was 27 years of age.

Marital Status

In the baseline sample, 65% reported being married, 15% reported common-law relations,

and 15% were single, never married lone parents. The 1995 GSS showed a similar distribution of marital status with 64% married, 19% in a common-law relationship and 13% reporting a single never married lone parent status.

Education

A comparison between the two surveys on the highest level of education attained by respondents also showed comparable distributions. In the baseline survey, 47% of the sample reported an education level up to high school, whereas in the 1995 GSS, 45% of Alberta sample reported a high school education or less.

Income

Household income was another measure of comparison between the two surveys. A comparison was made with household income adjusting for those who did not report an income in the two surveys.[8] The respondents in the 1995 GSS reported slightly higher household incomes than respondents in the baseline survey. The median income level reported by the baseline respondents was $32,500, whereas the 1995 GSS respondents reported a median income level close to $40,000.

Baseline Sample Representativeness of Target Group

Based on the comparison with the GSS sample, it appears that the baseline sample was representative of the population of 18-30 year old parents in Alberta who are the primary caregivers for children in their families.

No comparison data with respect to urban/rural differences were available from the GSS sample. However, based on 1996 Census data, rural respondents were over-represented in the baseline survey and a weighting scheme based on 1996 census was used to adjust the sample.

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8 The 1995 GSS sample selected had a larger percentage of respondents indicating that they did not know their household income (15.4%), while the baseline sample only had 3.2% of respondents not knowing their household income.

2.3 ATTRITION OF TELEPHONE SURVEY SAMPLE

A major concern in conducting panel studies is maintaining a sample that continues to be representative of the population. To assess the representativeness of the final sample an attrition variable was constructed to test for differences between those from the baseline survey who were under 31 years old and participated in the interim and final surveys and those who did not. This variable was cross-tabulated with socio-demographic measures from the baseline survey. The chi-square statistic was employed to determine if there were statistically significant differences ($p < .05$) among sample groups with respect to the variables of age, marital status, gender, income and location of residence. The sample groups compared were the group that participated in all three surveys (n=282), the group that participated in the baseline study only, and the group that participated in the baseline and the interim surveys, but not the final survey of young parents.

Demographic Differences between Final (T3) Sample and Original Study Sample

No statistically significant differences were found between the three groups with respect to age or sex. However, statistically significant differences were found for the demographic variables of household income, marital status and location of residence (urban or rural).

Household income: Respondents with higher household incomes were more likely to participate in all three surveys ($\chi^2 = 16.964$, $df = 2$, $p < .000$). At baseline, less than half (47%) of the sample reported an income greater than $35,000, whereas in the final sample 56% reported an income greater than $35,000.

Marital Status: In the final survey there was a higher percentage of respondents who were married and living with their spouse (73%) than in the baseline survey (65%). On the other hand there were fewer respondents to the final survey who were never married (15%-baseline vs. 11%-final) or in a common-law relationship (15% -baseline vs. 11%-final). This resulted in a statistically significant difference in marital status between the two groups ($\chi^2 = 21.441$, $df = 6$, $p < .002$).

Location of Residence: A statistically significant difference was found between urban and rural respondents ($\chi^2 = 6.993$, $df = 1$, $p < .008$). There were significantly fewer urban respondents in the final sample than were in the sample of respondents who participated at baseline and only one other survey (34% vs. 39%). Rural respondents were also over-represented in the baseline and interim sample surveys. A weighting scheme based on 1996 Canadian census (Alberta population) was used to adjust the sample. In the analysis of the final data, the urban/rural difference is dealt with using the same weighting scheme that was applied in the baseline analysis.

While these differences in sample composition are evident, a statistical comparison showed that responses to fixed-response questions *do not vary significantly* according to the household income, marital status, or the location of residence of the respondents in the final survey. A chi-square statistic was used to test for statistically significant differences in responses ($p < .05$) between groups based on income (< $35,000 /> $35,000), marital status (living with spouse or partner/no partner) and location of residence (urban/rural).

Demographic characteristics of the final sample of young parents are summarized in Table 2.

Table 2
Demographic Profile
Final Sample of Young Parents (n=282)

Characteristic	%	n
Gender (% female)	82.7%	(n=233)
Marital Status		
Single	9.8%	(n=28)
Married	75.9%	(n=214)
Common-law	12.0%	(n=34)
Divorced/ Separated	2.1%	(n=5)
Number of Children		
One	34.4	(n=97)
Two	40.4	(n=114)
Three	15.8	(n=44)
Four	8.9	(n=25)
Five	0.5	(n=1)
Employment Status		
Currently employed	65.3%	(n=184)
Household Income in Past 12 Months	**(n=274)**	
<$19,999	11.8	
$20,000 to $29,999	15.6	
$30,000 to $39,999	14.3	
$40,000 to $59,999	31.5	
>$60,000	25.2	
Don't Know	1.6	

2.4 INFLUENCERS' DEMOGRAPHICS (n=221)

The selection of respondents to the influencer survey was based on whether or not an individual had regular contact with members of the target group (18 to 30 year old parents). Because this selection criteria was used, it was not possible to determine sample representativeness as no general survey exists that could identify individuals based on this relationship. Although sample representativeness could not be determined for the influencers, the absence of quota sampling resulted in an over-representation of rural respondents and female respondents. Influencer data were weighted accordingly to adjust for location of household (urban/rural) and gender using 1996 Census data. Influencer group demographics of age, years of schooling and annual household income are presented here for information.

Age

Respondents ranged in age from 21 to 84 years with the majority of influencers (65%) in the 35 to 55 age range.

Years of Schooling

Respondents were asked how many years of schooling both they and their spouse or partner completed, including grade school, high school, vocational, technical and university. The range of years of schooling for influencers is 8-22 years with most cases (75%) within the 12-17 year range.

Income

Respondents were read a range of income categories and asked to select the one that most closely corresponds to their total household income. In the final survey, 30% of respondents reported an annual household income of less than $35,000 while 70% reported an annual household income of $35,000 or more. The median income for this group is $48,205.

2.5 FINAL SURVEY DATA COLLECTION

The *You're Amazing* Evaluation Final Survey of the target group of young parents and influencers was administered through the eighteen-station CATI (Computer-Assisted Telephone Interviewing)[9] system installed on a local area network at the PRL, as were the baseline and interim surveys. This system facilitates the exchange of information among interviewing stations and supervisor stations linked via a file server during the data collection period. Supervisors monitor the call dispositions, field edit, track interviewer productivity, and accumulate data for analysis.

A telephone database was constructed using respondent data from the baseline and interim surveys of young parents and the respondent data from the baseline survey of influencers. The telephone database was loaded into the CATI system, which randomly allocated telephone numbers to the interviewing stations. The question text and instructions were presented on the computer screen to the interviewer who asked the questions to the respondent over the telephone and then entered the given responses into the computer.

At the end of the interviewing period, trained coders electronically coded the open-ended question responses using coding frames developed at baseline. The open-ended codes were then merged with the fixed response data in a SPSS system file for additional cleaning, labeling and analysis.

The interviewing of young parents began on February 3, 1999 and was completed by March 1, 1999. The interviewing of influencers began on February 10, 1999 and was completed by March 1, 1999. All of the telephoning was conducted from centralized

9 The Ci3 CATI System is a PC-based product of Sawtooth Software, Evanston, Illinois.

telephoning facilities at the University of Alberta, primarily during evening and weekend hours. Upon making contact, the interviewer identified herself/himself, verified the telephone number, and then asked the screening questions for selecting the respondent. Before administering the questionnaire, the interviewer advised the respondents that their participation was voluntary, their responses would be kept completely confidential, and they could terminate the interview at any time.

If the interviewers were unsuccessful in establishing contact on their first call, they were to make a maximum of ten callback attempts before declaring a telephone number as "no contact." If respondents could not be reached, the contacts provided by the respondents at baseline were called to see if they could assist in locating the respondent.

The data cleaning process included wild code and consistency checks. The resultant data set for the final survey of young parents contains 343 cases, 282 of whom participated in both the baseline and interim surveys. Findings obtained from these **282** young parents are the major focus of this report. The data set for the final survey of influencers contains 221 cases, all of whom participated in the baseline and final surveys.

2.6 REPORTING THE RESULTS

This report presents the results of the final quantitative surveys of young parents and influencers, and the qualitative interviews of young parents conducted in February and March1999. It also presents comparisons with the results from the baseline survey, conducted in April 1997, and the interim survey, conducted in February 1998.

Responses to the open-ended questions in were categorized according to the determinants of well-being and health. The tables of responses to open-ended questions in this report show how specific responses were categorized within the determinants. While a single response type was only assigned to a single determinant, it is recognized that the determinants are not mutually exclusive, e.g., "saving money/budgeting" could fit under either income or coping skills, or "don't allow smoking in the house" could fit under personal health practices or physical environments. Furthermore, it should be noted that, for the most part, all of these categories can be related in some way to child development. "Other" and "Don't Know" categories were also included. "Other" is a general category for items mentioned that were not easily classified in a determinant category and "Don't Know" was assigned to respondents who said they did not know or understand what would or would not contribute to well-being and health.

Respondents were not prompted with possible responses and could cite up to four factors in each question. If a respondent gave more than one response that fit into only one health determinant category, the responses were collapsed into a single response; however, if the responses fell into more than one category, each response was assigned accordingly.

Rating scales were used in the fixed response questions to measure respondents' level of

agreement with statements regarding factors affecting well-being and health, or their perception of the effect or importance of various factors relating to well-being and health. A new variable was constructed to measure the change in ratings between surveys. Statistical analysis was carried out to determine whether significant differences existed between groups defined by their level of contact with the *You're Amazing* program.

Information from qualitative interviews of 50 young parents is also reported in the following sections. This information provides insight regarding young parents' perceptions of factors that affect health and their motivation for their involvement in health promoting behaviours. While this information is valuable, it should be kept in mind that these young parents were selected for these interviews because they reported some contact with the *You're Amazing* program; thus, their responses may not necessarily be generalized to the target group as a whole.

The young parents' responses to open-ended questions about awareness of determinants, awareness of role, and involvement in promoting well-being and health are also compared with the influencers' responses to provide some perspective on the young parents' levels of awareness of the determinants of health.

2.7 LIMITATIONS OF THE DATA

The Evaluation Steering Committee and the Population Research Laboratory team developed a coding frame for classifying open-ended responses under the various health determinant categories to facilitate analysis of the data. However, this classification provides only a limited interpretation of the data because the determinants are presented as discrete elements although they are highly inter-related. Examples of this arise in many areas. Supportive family relationships, which were classified as social supports, are a key element in child development. Exercise, classified as personal health practice, is also a positive stress reducer and can improve one's ability to cope. Education is not only beneficial because it increases knowledge, it also affects employability and earning potential; thus, it is related to income. These inter-relationships and how young parents view them are not always apparent from the open-ended responses or responses to the rating questions. However, the inter-relatedness is clearly evident in the responses to the qualitative interview. Furthermore, there is a broad variety of factors within each determinant, thus it is important to look at the specific responses within each category listed in the tables of responses to identify key issues for this group (see Tables 5, 6, 7, 8, 10, 11 and 12).

Young parents were only able to provide up to four responses for the open-ended questions. This may have prohibited them from mentioning factors that relate to all 10 of the determinants identified for this evaluation, even if they were aware of them. Those things that were foremost on their minds at the time of the interview were most likely to be represented in those responses. Although the majority of responses to open-ended questions focused in the areas of social supports, personal health practices and coping skills, this does not necessarily provide evidence that they lack awareness of other determinants, it may simply be an indicator of which issues are most salient for this group. And, as noted above, the classification of responses does not reflect the inter-relatedness of the various determinant categories.

Fixed response questions regarding the effects and importance of various factors to well-being and health provide another measure of young parents' general awareness of the determinants of health. Responses to these questions at baseline indicated that young parents already possessed a general awareness of the broader determinants of health. For almost all of the specific factors presented in the fixed response questions, over 75% of young parents at baseline rated them as important or very important to their personal health, indicating that a good majority of young parents were already aware of factors that influence their well-being and health.

The results of the baseline survey suggested that little change in the measures relating to the stated objectives could be expected over the period of the study and that it would be difficult to attribute any observed change to program influence.[10] The absence of significant differences that could be attributable to program interventions in the analysis reported in section 3.3 confirms this.

As noted previously, it is often difficult to demonstrate that specific outcomes are related to social marketing initiatives. A further constraint was that previous measures relating to the objectives of the program were not available for comparison purposes, particularly with respect to the target group. While this presented difficulties for assessing the effectiveness of the *You're Amazing* program itself, the data gathered in this evaluation provides important information regarding young parents' awareness and understanding of the factors affecting health that may be used for establishing benchmarks for future similar programs.

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10 Reutter, L. and Dennis, D. (November 20, 1997) *"You're Amazing" Baseline Evaluation Technical Report*. Population Research Laboratory and Alberta Health & Wellness. p.80.

3. FINDINGS: TARGET GROUP

This evaluation addresses both the outcomes related to the stated objectives of the *You're Amazing* program and the reach and visibility of the program elements. At baseline, young parents demonstrated a general awareness of the broad determinants of health and their own role in promoting well-being and health for themselves, their families and their communities. This made it unlikely that there would be demonstrable change for this group on measures of awareness that were the result of exposure to the *You're Amazing* program. Thus, the measures addressing the reach and visibility to young parents of the *You're Amazing* program and the response of young parents to the various *You're Amazing* program elements provided important information for assessing the effectiveness of program efforts. Another key element for assessing the effectiveness of the *You're Amazing* program was the partnership evaluation which has been carried out separately.[11]

In this section, findings regarding awareness and response to the *You're Amazing* program are addressed first, followed by a review of the findings related to the stated objectives of the *You're Amazing* program. Finally, a review of results for the target group as a whole are presented.

3.1 AWARENESS OF THE *YOU'RE AMAZING* PROGRAM (Young Parents)

Young parents' awareness of the *You're Amazing* program was determined by responses to questions regarding *You're Amazing* program elements. The first question asked directly whether the respondent had heard of the *You're Amazing* program. The next question asked whether the respondent had seen the "You Ought to be in Pictures" event. Following these, questions were asked regarding awareness of individual program elements, i.e.,display/tours, calendars, brochures and bookmarks, posters or family kits. The questions about program elements were asked, even if the respondent initially said s/he was not aware of *You're Amazing*, because the respondents may not have recalled the program name until prompted by other elements. The data presented in this section are unweighted so as to provide an accurate impression of the actual number of respondents who were aware of program elements and which program elements had the greatest impact on young parents.

Forty one percent (n=116) of the young parents in the final survey (n=282) were aware of the *You're Amazing* program. Of these, 76 indicated that they were aware of the program when asked directly. The remaining 40 respondents indicated contact with the program when answering questions regarding specific program elements.

Seventy-six young parents, or **27%** of the total sample (n=282) who had answered all three surveys, when asked directly, said they had heard of the *You're Amazing* program. Of these 76 parents who had heard of the *You're Amazing* program, the most frequent

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11 Barrett, L. and Yi, J. (June, 1999) *"You're Amazing" Partnership Evaluation Report*. Alberta Health & Wellness.

response regarding where the parents found out about the program was through a public health nurse (n=19). Participation in the Population Research Laboratory surveys about the *You're Amazing* program was the second most frequently mentioned reason for being aware of the program (n=12). Eleven people had seen the calendar, and eight people said that they didn't know how they had heard about the program. Six young parents were informed of the program through a rodeo or fair. Posters, brochures and schools or community services were mentioned by five people each. Other answers given less frequently included sources such as the Credit Union (n=2), radio (n=2), newspaper articles (n=2), and newspaper ads (n=1). Two respondents also mentioned family members. It should be noted that these categories are not mutually exclusive, as respondents could select up to four sources. One respondent selected 4, and 5 respondents selected two.

Specific Program Elements

At the time of the final survey, all elements of the program had been marketed, with the exception of the workplace version of the *Amazing* Family Kit: "You Ought To Be In Pictures" summer event tours, including radio promotions and novelties (novelty pencils, bookmarks, t-shirts, ball caps, and frisbees); 1998 and 1999 calendars; posters; brochures; and the *Amazing* Family Kit. Respondents were asked both open-ended and fixed response questions about each of these elements. In addition to the above elements, full page advertisements with the *You're Amazing* message had run in five consecutive issues of *Calgary's Child* between June, 1997 and March, 1998. These ads were repeated in weekly newspapers throughout Alberta in the spring of 1998. The program was also featured in various newspapers and television programs throughout the implementation period of the program. This section reviews the reach of specific *You're Amazing* program elements.

"You Ought to be in Pictures" Display/Tour

The *You're Amazing* program teamed up with Alberta Community Development's Be Fit For Life Network's (BFFL) "Wellness Wagon" for Summer Tours in July and August of 1997 and 1998. *You're Amazing* interactive displays, including Polaroid photos, appeared at fairs, parks, carnivals, rodeos, farmers' markets, and special events across the province. A total of 176 sites were visited in 1997 and 182 sites were visited in 1998. The same display was available at other times for use by program partners.

Thirty-three (12%) young parents in the total sample (n=282) reported seeing the display: 14 at a rodeo/festival/fair, five at the Calgary Stampede, and eight in Edmonton. Other sites mentioned only once were the Credit Union and a health unit office. One person heard about it on television, and three respondents didn't know where they had seen it. Of the 33 people who saw the tour display, nine had their picture taken, got a foam Frisbee, or wrote down an idea for how to "make health happen." Of the 33 respondents who said they had seen the "You Ought to be in Pictures" display, only 15 had responded that they were aware of *You're Amazing* in the question that asked directly if they had heard of the program.

Bookmarks and brochures

In June, 1997, 10,000 bookmarks were produced and distributed through the 1997 Summer Tour, and in 1998, 30,000 new (revised) bookmarks were produced for the 1998 Summer Tour and continued distribution.

A total of 100,000 brochures were printed. Distribution began in mid-February 1998 and was carried out through Advisory and Steering Committee members, including Regional and Provincial Health Authorities (RHAs and PHAs).

Thirty two (11%) respondents either had seen (n=19) or had obtained (n=13) a bookmark or brochure. Of these 32 people, 18 had seen or obtained them at a public health office (RHA), six had received them at other unspecified sites, 5 had seen or obtained them at a school. Two people had seen or received these items at a physician's office or a hospital. One young parent had obtained a bookmark or brochure at a day care.

Calendars

In December, 1997, 78,000 full colour 1998 wall calendars were printed and distributed to young parents. Distribution was carried out through day cares, day homes, nursery schools, the Christmas Bureau, RHAs and other Steering Committee and Advisory Committee member organizations. In December, 1998, 90,000 calendars were printed and distributed for 1999. For the 1999 calendars, distribution was similar to 1998, but kindergartens were used rather than day cares.

Thirty six respondents (**13%** of the total sample) had either seen (8) or obtained (28) a calendar. Most of the calendars were seen or obtained at a **public health centre** (RHA) (n=12), a **kindergarten** (n=8), or a **daycare or family day home** (n=7). Four respondents did not know where they obtained or saw the calendar. One respondent each mentioned the Credit Union, community services, work, a friend, and H&R Block.

Poster

About 15,000 posters were printed at the end of October 1997 and were distributed through all program sponsors and partners. Most of these posters were used for display purposes and not distributed directly to the target audience.

Thirty-nine (14%) of the respondents to the final survey of young parents had seen a poster. Of these 39 people, 23 saw it at a **public health unit** (RHA); four at a hospital or doctor's office; three at a school; three at other unspecified locations; two at a day care or day home; two at a fair-festival-market; and one at the Credit Union. One person said he/she did not know where s/he saw the poster.

Family Kit

The Family Kit was the showcase element of the *You're Amazing* program. The contents of the kit include a cookbook, a growth chart, a book of ideas for fun, inexpensive things

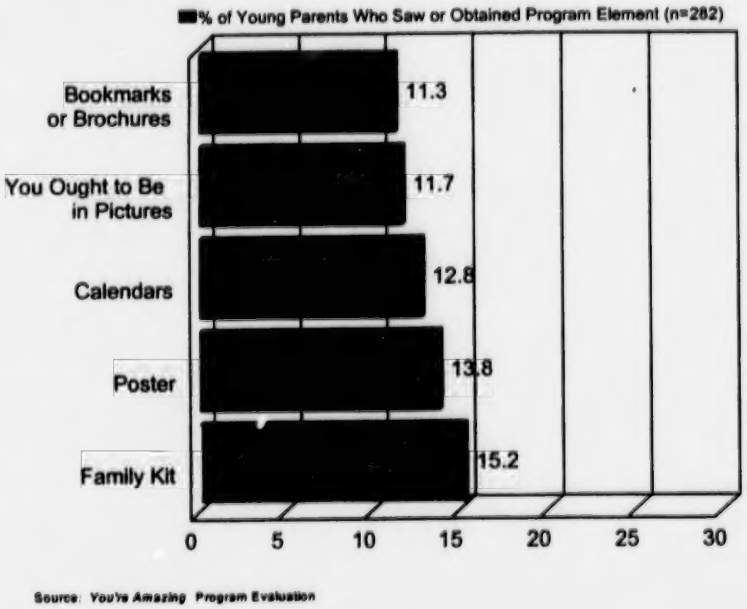
to do, a budget planner, stickers, coupons, and reference sheets on where to find more information. There are also resource sheets on building support networks, coping with stress, finding child care, safety, and balancing home and work.

The Family Kit was launched in October 1998 and distributed across the province by program sponsors and partners. Among the 282 young parents interviewed in the final survey, **43** of them **(15%)** of the sample had either received a Family Kit (n=39) or had seen it (n=4). Most often, the Family Kit had been seen or received at an RHA office (n=25). Less frequently mentioned sites were schools (n=9), day cares (n=4), and other specified sites (n=5).

Program Elements Distribution Summary

When considering the reach of the individual *You're Amazing* program elements the Family Kit reached the largest number of young parents interviewed (15%), followed by the poster (14%) and the calendar (13%). Twelve percent of the sample saw the "You Ought to Be in Pictures" travelling display. The bookmarks and brochures reached the fewest young parents (11% of the survey sample). Figure 3 presents the distribution of the specific program elements.

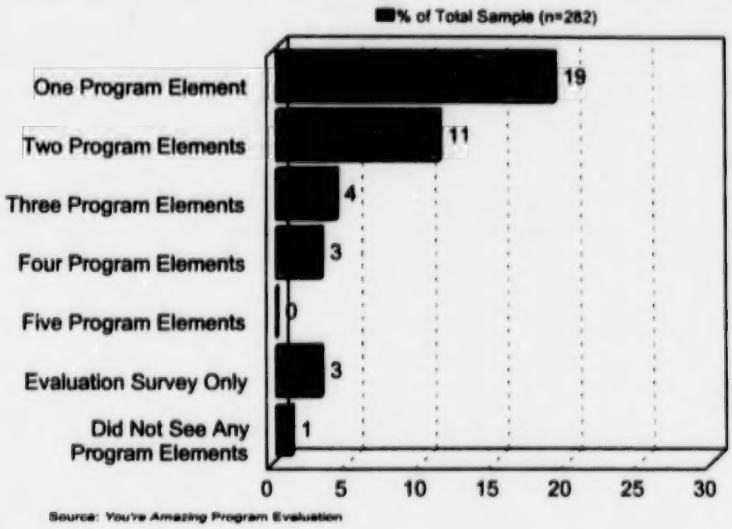
Figure 3. Distribution of *You're Amazing* Program Elements



Source: You're Amazing Program Evaluation

Figure 4 provides a summary of the number of program elements seen by young parents who were aware of the *You're Amazing* program. One young parent reported seeing five *You're Amazing* program elements. Those who did not see any program elements also reported that they did not know where they had heard about the program.

Figure 4. Number of *You're Amazing* Elements Seen or Obtained by Young Parents



Awareness Of Program Sponsors

Young parents were asked to identify co-operating sponsors and partners of the *You're Amazing* Program in both the interim and final surveys. At the time of the interim survey of 423 young parents conducted in early 1998, 13 (22%) of the 60 respondents who indicated awareness of the program identified program sponsors. These responses accurately identified those most involved in the program. The sponsor most frequently mentioned was Alberta Credit Unions (8), followed by Pfizer Pharmaceutical (2) and RHAs (2).

In the final survey, 13% (n=15) of the young parents aware of the program (n=116) were able to recall other sponsors or partners in the program. Among the 15 young parents (13%) who could name a sponsor/ partner, nine people identified the Credit Unions and Pfizer Pharmaceuticals, respectively, while seven mentioned RHAs. One person mentioned Merck Frosst and the Dairy Nutrition Council and one, incorrectly, Nova Pharmaceutical. Five respondents were able to identify three sponsors, three respondents identified two sponsors and seven identified one sponsor. Although few young parents were able to recall sponsors other than Alberta Health and Wellness, those who did were, for the most part, able to identify them accurately.

Young Parents' Perceptions of the *You're Amazing Program*

The 116 respondents who were aware of the *You're Amazing* program were asked one fixed response question and two open-ended questions regarding their perceptions of the program. When asked, "*Of what you have seen from the You're Amazing program, do you think this is a good way to reach young parents?*" **82 (71%)** thought it was a good way to reach young parents, while 15 (13%) did not. Nineteen respondents (16%) did not

know. Responses to the two open-ended questions provided more information about respondents' perceptions. Summaries of these responses are provided in the following sections.

Messages Received

The 116 young parents who indicated awareness of *You're Amazing* were asked an open-ended question regarding what message(s) they had received from the program. Table 3 provides a summary of these responses. All of the responses were coded, so a single respondent may have given more than one response. The majority of responses related to messages that were the focus of the *You're Amazing* program.

Almost **25%** of respondents indicated messages related to **family relationships and support.**

> - *"They understand how difficult it can be to raise a family. I found it very encouraging and supportive. It gave me an ego boost."*
>
> - *"Family life is important and worth taking the time for."*
>
> - *" I liked the way that it is geared around families. I think the family unit needs as much support as it can get. It is really good that they aim to make families aware of where the support is."*
>
> - *"They don't just focus on the typical family but also include families that are single parents."*

Messages related to **increased health awareness** were also mentioned by **20 (17%)** of respondents.

> - *"They are trying to show that health includes more than just a good body. It includes everything - a positive family experience."*
>
> - *"To be more aware of your personal health and more awareness of your family's health."*
>
> -*"Being healthy and also promoting a healthy lifestyle, both emotional and physical."*

Table 3
***You're Amazing* Messages Received**
(116 Young Parents Aware of the *You're Amazing* Program)
(percentages total to more than 100% as multiple responses were given)

Response	N	%
Family Oriented/Support Family Life	28	24
Increased Health Awareness	20	17
Tips For Activities	17	15
Eating Habits	7	6
Exercise/Fitness	3	2
Positive Attitude	6	5
Dealing With Children	6	5
Positive Feedback	4	3
Social Supports	4	3
Lifestyle/Balance	1	1
Other	7	6
Don't Know	52	45

Forty-five percent of respondents (n=52) were unable to articulate any specific message they had received from the program.

What is Good about the Program?

The messages articulated by young parents above are also reflected in their responses about what they perceive to be good about the program (Table 4).

The most common response, cited by **27% (n=31)** of young parents was that the program ***promotes family interaction and involvement***.

> - *"I like that it promotes family togetherness and activities and I think that is very important."*
>
> - *"It will give a family the confidence and resources it needs to have a better life."*

Fifteen (10%) of young parents' responses centered on the theme that the program ***increases awareness and provides information***.

> - *"It lets you know that there are different ways to go about personal health and that the community has a big effect on health, even your job and stress have a big impact on your health."*
>
> - *"Gives people insight on how to deal with their families, and just teaches them how to be a family."*

Table 4
What Is Good about the *You're Amazing* Program?
(116 Young Parents Aware of the *You're Amazing* Program)
(percentages total to more than 100% as multiple responses were given)

Response	N	%
Promotes Family Interaction/Involvement	31	27
Increases Awareness/Information	12	10
Promotes Healthy Habits/Lifestyle	10	9
Other	15	13
Calendars, Posters	8	7
Positive Focus of Program	6	5
Don't Know	30	26
No Response	4	3

About 70% **(n=82)** of the young parents aware of the program identified positive aspects of the program which support the *You're Amazing* messages and intent. Those who said they didn't know what was positive about the program **(n=30; 26%)** indicated that they did not know enough about the program to make a comment. All but three of these respondents were unable to identify a program message. Four people (3%) did not provide responses for either question.

Summary Of Program Awareness And Reach

Overall, 41% of the target group sample were aware of the *You're Amazing* program, and 27% recalled the program by the *You're Amazing* name. At interim, only 17% of young parents were aware of the program; thus, continuation of the program and dissemination of additional program elements increased the visibility of *You're Amazing*.

Of all the program elements, more young parents saw or obtained the *Amazing* Family Kit (15%) than any other element, although almost as many young parents reported having seen or having obtained the posters (14%) and calendars (13%). Almost one third (30%) of the young parents were aware of only one or two program elements and 1% said they had not seen any program elements. The remaining 10% of the target group sample who had contact with the program reported having seen or obtained three or more program elements.

About 13% of the young parents aware of the *You're Amazing* program were able to recall other partners or sponsors (a decline from 22% at interim). The most commonly mentioned sponsors were those who were most involved in program partnership: Alberta Credit Unions, Pfizer Pharmaceuticals and the RHAs.

Almost three quarters of the young parents who were aware of the program thought that it was a good way to reach young parents. The majority of messages received from the program related to the focus of the *You're Amazing* program: One quarter mentioned messages related to family relationships and support, and 17% reported increased health awareness. However, about 45% of the young parents who said they were aware of the program were unable to articulate any specific message.

Although not directly comparable, since the marketing methods, target groups and measurements differ, a brief review of results from a few successful health promotion initiatives that used social marketing techniques provide some context for assessing the reach of the *You're Amazing* program.

"ParticipACTION," a long-term Canada-wide initiative to promote participation in regular physical activity, implemented in 1973, started to see about 20-25% public awareness after about 5 years. After 10 years the program reached 40-50% of the target audience. It is now estimated that 90% of the target group is aware, with about 50% providing unprompted name recognition.[12] Another nation-wide program carried out in the United States, "5A Day," focused on increasing fruit and vegetable consumption by Americans by making them more aware of the health benefits of eating these foods. The program was initiated in 1991, and the percentage of Americans aware of the program increased from 10% in 1992 to 15% by 1993. The level of awareness of the beneficial effects of eating fruits and vegetables also increased over this time period.[13]

"Hanging with Riff," a smaller scale health promotion initiative, was a late-night radio campaign on HIV/AIDS prevention that was piloted in Ft McMurray, Alberta for 2 months in 1998. The program consisted of nine 2-3 minute program episodes that were aired five times a week for nine consecutive weeks. This program reached over one-third of the young heterosexual male target audience and over half of those reached said the messages influenced their thoughts on HIV and using condoms.[14]

While the nation-wide campaigns initially show lower recognition than either *You're Amazing* or "Hanging with Riff," increases of program awareness over time were significant, indicating continued presentation of messages over time is critical for program recognition. The use of intensive marketing techniques for "Hanging with Riff" resulted in more immediate recognition of the program.

Fitting the *You're Amazing* program somewhere between the nation-wide programs and the local program, the results of the above programs suggest that reach of the *You're Amazing* program was favourable.

3.2 MEASUREMENT OF STATED OBJECTIVES

The three stated objectives of the *You're Amazing* program were to increase young parents' awareness of the determinants of health, to increase their awareness of their role in promoting well-being and health, and to increase their involvement in promoting their

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12 Source: Russ Kisby, President,ParticipAction - personal communication, July 1999

13 Lefebvre, R.C. et al. (1995) "Use of Database Marketing and Consumer-Based Health Communication in Message Design," in E. Maibach, & R.L. Parrott (Eds) *Designing Health Messages*, Thousand Oaks: Sage Publications (pp. 217-246).

14 Matheson Dorrance & Associates, for Alberta Health and Health Canada (1998). *"Hanging with Riff" Project Report and Evaluation.*

own, their family's and their community's well-being and health. Both quantitative and qualitative measures were used as a measure for comparison between baseline and follow-up survey results.

In the baseline and final surveys, respondents were first asked a series of open-ended questions, without prompting, regarding their perception of the contributors and barriers to well-being and health and what they do or intend to do to promote well-being and health. Respondents were allowed to provide up to four responses for each question. In the interim survey, respondents were asked only one open-ended question regarding factors contributing to well-being and health. In that survey, respondents were not limited in the number of responses they could provide. Nevertheless, at interim, fewer than 20% of respondents identified more than four factors. In all surveys, more than 60% of respondents provided three or fewer responses.

Responses to these open-ended questions in the baseline and final surveys were coded and categorized within the ten determinants of health identified at baseline. The category coding was set up so multiple factors mentioned by a respondent that related to a single determinant were only counted as a single response for that determinant. While this facilitated the review of the open-ended questions, it also imposed some limitations on the data (see Section 2.7). The percentages for these coded responses are presented in bold in the tables of open-ended responses (Tables 5, 6, 7, 8, 10, 11 and 12).

Following the open-ended questions, respondents were asked fixed response questions for rating the importance or effect of specific determinants of well-being and health. A variable was constructed to measure the change in the ratings for these fixed response questions between surveys. This variable was used for a statistical comparison of changes in young parents' responses that might be attributable to contact with the *You're Amazing* program (see Section 3.3).

The questions in the qualitative interviews asked young parents to elaborate on their responses to the open-ended questions in the quantitative survey. Responses were analyzed and used to provide more detailed description of young parents' understanding of the determinants of health and motivation for positive health behaviours. While these interviews provided valuable details regarding young parents' views, caution should be used in generalizing the information to the sample as a whole, since only 50 parents participated in these interviews, and respondents were selected because they indicated they had had contact with the *You're Amazing* program.

3.3 PROGRAM IMPACT ON AWARENESS OF DETERMINANTS

This section reviews the changes in the target audience in relation to their contact with the *You're Amazing* program, based on young parents' responses to fixed response questions measuring awareness of determinants and responses to the qualitative interviews. A review of changes in the target sample as a whole is presented in Section 3.4 and 3.5.

Information on Program Impact from Quantitative Data

To determine whether exposure to the *You're Amazing* program had an effect on changes in young parents' responses to 30 fixed-response questions relating to awareness of health determinants a change variable was computed by subtracting the baseline survey response value from the final survey response value for each question, and a one-way analysis of variance (ANOVA) was carried out to compare the mean change between baseline and final for three groups of respondents based on their level of awareness of the *You're Amazing* program. The groups were identified in the following manner:

1) Respondents who were aware of the *You're Amazing* program and were able to identify a program message (n=64).
2) Respondents who were aware of the program but were unable to identify a message (n=52).
3) Respondents who were not aware of the program (n=165).

Data were weighted for the analysis,[15] using the urban-rural weighting discussed Section 2.2, to remain consistent with reporting of other fixed-response data.

Results

The ANOVA revealed statistically significant differences ($p < .05$) in change from baseline to final between groups for four of the 30 variables tested. Two items were related to **income**, one was related to **personal health practices**, and one was related to **social supports**.

Income

The two items related to income that showed significant differences in the change in means between baseline and final were "amount of money available for the things you need" and "income."

Amount of money available for the things you need: The mean difference in rating of the importance for this item between baseline and final **increased** for those who had seen the program and were aware of the message and for those who were aware of the program, while the mean decreased for those who were not aware of the program.

15 An ANOVA using unweighted data revealed no statistically significant differences ($p < .05$) in change from baseline to final between groups for the 30 variables tested.

However, for each group, the difference between the mean ratings for each group at final was not great:

Group 1 (aware of program and message)
- change in means between baseline and final, .28
- mean at final, 4.37

Group 2 (aware of program only)
- change in means between baseline and final, .19
- mean at final, 4.24

Group 3 (not aware of program)
- change in means between baseline and final, -.11
- mean at final, 4.18

Income: The mean difference in rating of the effect of income on well-being and health between baseline and final **decreased** for those who had seen the program and were aware of the message and for those who were not aware of the program, while the mean increased for those who were aware of the program. At the same time, the means were the same for those who were not aware of *You're Amazing* and those who were aware of the program. The mean rating for respondents who were aware of the program and the program message was slightly lower.

Group 1 (aware of program and message)
- change in means between baseline and final, -.50
- mean at final, 3.76

Group 2 (aware of program only)
- change in means between baseline and final, .11
- mean at final, 3.87

Group 3 (not aware of program)
- change in means between baseline and final, -.47
- mean at final, 4.18

There were no statistically significant differences between the groups for the other items in this determinant category.

Social Supports

With respect to exposure to the *You're Amazing* program, there was a statistically significant difference in the mean effect rating for "**participation in voluntary organizations**" The mean rating of the effect of this item on well-being and health **increased** slightly for the group that was aware of the program and its messages, while it decreased for the other two groups. The actual mean effect ratings do not differ much between groups. The changes in group means are as follows:

Group 1 (aware of program and message)
- change in means between baseline and final, .04
- mean at final, 3.84

Group 2 (aware of program only)
- change in means between baseline and final, -.47
- mean at final, 3.41

Group 3 (not aware of program)
- change in means between baseline and final, -.14
- mean at final, 3.55

Personal Health Practices

Although not a specific focus of the *You're Amazing* program, there was a statistically significant difference in the change of mean importance ratings for "**regular physical activity**," categorized under personal health practices. The mean rating of the importance of this item for well-being and health increased for all groups. As with the factors mentioned above, there is not much difference between mean ratings for each group, and all means are over four on a five point scale.

Group 1 (aware of program and message)
- change in means between baseline and final, .23
- mean at final, 4.44

Group 2 (aware of program only)
- change in means between baseline and final, .36
- mean at final, 4.53

Group 3 (not aware of program)
- change in means between baseline and final, .04
- mean at final, 4.20

In summary, although statistically significant differences were found between the groups with respect to change in the means for the four variables discussed above, it is not clear what these changes may be attributed to, since there is no systematic trend in the change data that would suggest an interpretation. Statistically significant, but small, increases were found in the means for only two of the variables that were related to the focus of the program. Furthermore, caution should be used in the interpretation of these results given the difference in the size of the samples and the relatively small difference between the group means.

Information on Program Impact from Qualitative Interviews

The information gathered in the qualitative interviews provides further insight into the impact of the *You're Amazing* program. All of the young parents who were interviewed had some contact with the program. Thus, while these responses provide interesting information regarding the impact of the *You're Amazing* program, the results cannot be generalized to the target group as a whole.

The 50 young parents who took part in the qualitative interviews were asked about their perceptions of the *You're Amazing* program. Even though all of these 50 respondents had indicated in the survey that they had heard of the *You're Amazing* program, about half

(n=26) indicated they had limited exposure to the *You're Amazing* program which was insufficient to influence their ideas about contributors to health and well-being. Five respondents stated that their only exposure to the program was through the survey, others mentioned that they had only seen a poster or received a novelty item, or had just heard about it.

Program Influence on Awareness of Determinants of Health

Of the 50 respondents, thirteen (26%) parents indicated that the program influenced their awareness of determinants of health and well-being. For a few (n=3), the program provided positive reinforcement and reminders, which motivated them for action:

- *"It makes you more aware of the things that you say that you do and then you try to do them more."*

- *"The program may have confirmed some of the areas that I am already concerned and conscientious about."*

For others (n=7) the program provided *new information*. Parents' comments indicate that the new information was obtained primarily from the booklet included in the Family Kit and expanded their repertoire of activities with their children. The following examples reflect the usefulness of the booklet:

- *"There were things in it that I hadn't thought of. They listed sources, places to find things...craft things....recipes that you could make with your kids that were age appropriate that the kids and I did."*

- *"I really found the program had a number of good ideas, spending quality time with the children, doing many crafts, projects, etc."*

Over and above the activities provided in the booklet, one parent commented more generally about the positive nature of the information:

- *"It's encouraging. It's nice to know that there is public help and encouragement, very positive, for the parents. The whole attitude around it is a positive attitude."*

Although many parents (n=26) volunteered that they had either no or limited exposure to the program, 11 of the 50 young parents said directly that the program did not influence their ideas. Those few parents who elaborated on this response conveyed that the message received via the program was something they already knew:

- *"I think it was an interesting thing to read but it did not contribute to my judgments."*

- *"No, I knew everything that was in there. Anyone who cares about their family would know most of the things that were in there. I think money could be better spent on doing other things."*

In summary, it appears that about half of those people who indicated that they perceived benefits obtained them primarily via the Family Kit and viewed the benefits in terms of positive reinforcement or provision of new information. Those parents who were not influenced by the program either perceive it as something they already know or perceive that they have not been exposed to the program enough to "make a difference."

Program Influence on Behaviour

Thirty four of the 50 parents who participated in the qualitative interviews had made changes to improve their well-being and health in the past few months. When asked if the *You're Amazing* program may have influenced their decisions to change their behaviours, seven of the respondents indicated that it had. Two of these parents said that it was the survey itself that influenced their changes (one of these parents reduced smoking and increased exercise, the other had made changes in exercise and nutrition). Of those 5 people who indicated the program elements influenced the changes, one parent moved from a contemplation to action in smoking cessation:

- *"It made me more aware. I've always said that I had to quit smoking. I think it had an influence on encouraging me to actually do it."*

The other 4 parents influenced by the *You're Amazing* program all made changes in nutrition and/or exercise. The examples suggest that the program increased general awareness of the factors affecting health, as exemplified by the following:

- *" I guess it made me realize the things that I need to do for myself and for my family. Eating right so you'll feel better about yourself."*

Interestingly, two of the respondents who made changes in nutrition and exercise chose to provide examples relating to family relationships, stating that the program encouraged their family "to show that we do love and care about each other," and "showing how important quality time is, so they will be well adjusted kids when they grow up."

Of those people who did not answer affirmatively to the question, 7 people indicated that they knew little or nothing about the program. Others who elaborated on their responses indicated that either they made the changes [nutrition, smoking] without the program, the behaviour change was something they would have done anyway [nutrition, smoking], or they had already instituted the change [increased exercise] before being given the package.

Summary Of Program Impact

An analysis carried out to determine whether there was any significant change in young parents' responses to fixed-response questions revealed some small changes, but did not reveal any trends or effects that could be attributed to the program. Interestingly, however, in the qualitative interviews of 50 young parents, about one in four parents stated that the *You're Amazing* program had influenced their awareness of health determinants by providing positive reinforcement, reminders and new information. The program element most often mentioned as providing new information was the *Amazing* Family Kit. Those parents who were not influenced by the program either viewed the messages as something they already knew, or perceived that they had not had adequate exposure to the program to increase or influence awareness of factors contributing to well-being and health. Of the parents responding to the qualitative interview who had made changes to improve well-being and health (n=36), about 20% indicated that the *You're Amazing* program elements, or the survey itself, may have influenced their decision to make the change.

3.4 YOUNG PARENTS' AWARENESS OF DETERMINANTS OF HEALTH

The results reported in this section are based on the target group as a whole, regardless of whether or not they had contact with the *You're Amazing* program. It provides a comparison of young parents' responses to questions from all three surveys about what factors contribute to the well-being and health of the family and the well-being of a community, and what barriers to well-being and health exist for their family, along with the results from fixed response questions about specific factors affecting well-being and health. The results of the qualitative interviews with the 50 selected respondents at baseline and final are also reported in this section.

Although observed changes in young parents' responses are noted, no assumptions are made regarding influences for these changes. The data presented here provide information regarding young parents' views on factors affecting health. No statistical tests were carried out to measure differences in responses between baseline and final since this study does not examine the reasons for any possible change in the general target population.

Factors Contributing to Family and Personal Well-Being And Health

The open-ended question from the baseline survey, *"What contributes to your family's well-being and health*?", was repeated in the interim and final surveys. In all surveys, respondents identified a wide range of factors. A comparison of the baseline, interim, and final responses are presented in Table 5. The percentage of responses at interim for the most frequently mentioned factors tends to be higher than at baseline or final. This is likely due to not limiting the number of possible responses at interim. Overall, however, these results indicate little change in young parents' perception of what factors influence well-being and health. As at baseline, young parents continue to exhibit a general awareness of a range of health determinants at final, and there were small increases, between baseline and final, in the number of factors mentioned relating to social supports,

personal health practices and biology and genetic endowment, with about half of young parents mentioning these factors in the final survey.

TABLE 5
FACTORS CONTRIBUTING TO FAMILY WELL-BEING & HEALTH
Young Parents (n=282)

	Percentage of Open-ended Responses		
DETERMINANTS	**Time 1**	**Time 2**	**Time 3**
Social Supports*	**46.4**		**56.8**
Time with family	24.8	41.4	33.2
Love among family members	13.1	16.4	12.2
Supportive relationships friend/family	10.0	20.5	15.3
Spirituality	5.8	6.0	7.9
Support from spouse	3.3	6.3	1.8
Participation in religious activities	4.3	11.9	6.0
Participation in community/school	3.5	10.0	3.8
Having a social life	.2	.0	.0
Time with spouse	.0	.0	.2
Personal Health Practices	**43.7**		**45.9**
Good nutrition	42.1	41.2	44.8
Good sleep habits	1.8	.0	4.8
No smoking	1.2	.0	.0
Lifestyle	1.2	1.2	1.1
No alcohol	.7	.0	.0
Hygiene	.0	.0	.0
Alternative medicine	.0	.0	.2
Biology & Genetic Endowment	**33.6**		**42.9**
Good physical health	33.6	51.2	42.9
Child Development*	**26.2**		**22.3**
Stable secure home life	20.5	32.6	18.9
Family organization	6.5	17.6	5.7
Coping Skills*	**20.3**		**22.0**
Good communication	10.4	12.0	8.5
Good coping skills/mental health	7.7	12.8	9.6
Positive attitude	4.6	8.0	6.6
Increased leisure time	.2	.9	.9
Income*	**16.8**		**13.8**
Financial security	16.4	24.9	13.0
Standard of living	.2	.0	.7
Saving money/budgeting	.2	.0	.0
Employment & Working Conditions*	**4.4**		**3.4**
Good job	4.4	10.1	3.4
Education	**5.6**		**7.5**
Good education	5.6	8.1	6.7
Read more/less TV	.0	.0	.7

TABLE 5 (Continued)

TABLE 5
FACTORS CONTRIBUTING TO FAMILY WELL-BEING & HEALTH
Young Parents (n=282)

	Percentage of Open-ended Responses		
DETERMINANTS	**Time 1**	**Time 2**	**Time 3**
Physical Environments	**6.1**		**3.0**
Country living	2.1	.0	.5
No smoking in home	.9	.0	.2
Safe neighbourhood	.9	.2	.7
Clean pollution-free neighbourhood	.5	3.0	1.7
Clean house	.7	.0	.0
Safe house	.7	.2	.0
Laws that reduce crime	.9	.9	.0
Location of residence	.3	.5	.0
Health Services	**1.0**		**6.3**
Good health care	.7	1.4	4.5
Available/Accessible health services	.3	.5	1.8
Accessible preventive medical care	.0	.0	2.5
Don't Know	**4.6**	**2.1**	**2.6**
Other	**.2**	**.2**	**1.0**

*Determinants included in *You're Amazing* program focus

Social Supports

In all three surveys, young parents most frequently identified factors relating to social supports as contributing to well-being and health. "Time with family" was mentioned by 33% of respondents at final, compared with 25% at baseline. "Supportive relationships" (baseline 10%, final 15%), also categorized as social supports, were mentioned somewhat more often during the final survey as well. In the final survey, 57% of young parents mentioned factors relating to social supports as contributors to family well-being and health, compared to 46% in the baseline survey. This increase in identification of factors related to social supports was the largest observed change in any of the health determinant categories.

The inter-relatedness of the factors to various determinants is reflected in the responses to the final qualitative interviews. "Spending time with family members" was perceived as important for establishing relationships, developing children's character and personality, and opening lines for communication. "Supportive relationships with family and friends" were viewed as important for emotional well-being: "Good close family relationships are important for not only your physical health but your emotional well-being." Supportive relationships were seen as providing various types of support: positive encouragement, someone to "lean on, for ideas and input," and as a sounding board, "to get things off my chest." "Love among family members" was seen as preventing stress (and the illnesses resulting from it), and contributing to happiness and overall emotional and spiritual health. "Spirituality and/or religious participation" were viewed as contributing to

positive mental health by improving one's outlook on life and providing a sense of meaning, purpose, and belonging.

Personal Health Practices – Factors relating to this determinant were also frequently mentioned as contributing to well-being and health by respondents in all surveys, with a small increase between baseline and final. Almost 44% at baseline and 46% in the final survey mentioned factors related to personal health practices. The most frequently mentioned factor under this determinant was "good nutrition." Again, the awareness of the inter-relatedness of factors was reflected in the qualitative interviews, and good nutrition was perceived to be important for both physical and mental health, including feeling better about oneself, improving family relationships, and improving general well-being. Several parents specifically identified the importance of good nutrition for their children, giving examples of increased concentration and decreased hyperactivity.

Biology and Genetic Endowment – "Good physical health" was coded as relating to this determinant. Young parents frequently mentioned this factor as a contributor to well-being and health, with over one third (34%) mentioning it at baseline, over one half (51%) mentioning it at interim and 43% mentioning it at final.

Those parents who described how physical health influences well-being in the qualitative interviews often referred specifically to physical fitness and physical activity (more closely related to personal health practices), rather than physical health. Physical health was viewed as crucial to well-being, and was described as allowing one to work, to enjoy life, and to cope with life. Physical fitness was perceived as preventing illness and contributing to overall wellness, by reducing stress, enhancing sleep, improving outlook on life, and increasing energy. One parent said, "Physical fitness is linked with your immune system and how well you feel and how stressed you are. It is linked with just overall wellness." Another parent linked exercise to family relationships, stating that it is a "good excuse to do things as a family, a relaxing time for kids to open up and talk more."

Factors relating to child development, coping skills and income were mentioned by fewer than one quarter of respondents in the final survey.

Child Development – Factors coded under child development, particularly, "secure stable home life" (baseline 21%, interim 33% final 19%) and "family organization" (baseline 7%, 18% interim, final 6%) were mentioned less frequently in the final survey than at baseline or interim. In fact, the percentages at interim were considerably higher than at either baseline or final. This is likely the result of allowing unlimited responses at interim.

In the qualitative interviews, young parents expressed that "a secure stable home life" led to less stress as children are exposed to more consistency, know what to expect, and feel "wanted." One parent also suggested that "if you have a positive environment, you tend to be a more positive person." While child development was not mentioned as frequently as

the determinants above, it is important to consider that many determinants were viewed by the parents as important to their children's development. Indeed, overall, when parents describe how the determinants influence family health and well-being, they include their effects on children's health and well-being.

Coping Skills – Factors relating to coping skills were mentioned slightly more often at final than at baseline. "Good coping skills or mental health" was mentioned by 10% of respondents at final, compared with 8% of respondents at baseline. However, the percentage of respondents who mentioned "good communication" declined from 10% at baseline to 9% at final, although 25% of respondents mentioned it in the interim survey.

Specific factors categorized under the broader determinant of coping skills included a positive attitude, mental health, and communication. Qualitative responses revealed that a positive attitude was perceived as affecting physical and emotional well-being, influencing relationships with others, alleviating stress, and "coping with the things of daily life." Those people who identified mental health as an important contributor to health and well-being elaborated in the interviews that mental health allows you to make good decisions about health in general, and has an impact on stress.

It should be noted that even though mental health was not frequently identified as a contributor to well-being and health, the comments related to the other determinants emphasized how these determinants affect mental health. Therefore, it is reasonable to conclude that parents *do* view mental health as an important contributor to well-being, even though they may not have indicated this directly.

Income – "Financial security" was mentioned by 13% of respondents at the time of the final survey, compared with 16% at baseline.

In response to the qualitative interviews, parents perceived financial security as providing the necessities of life and giving parents the ability to do the things they want with their families: "The more money you have the better you can take care of your family." One parent described the relationship between financial security and a secure stable life: "Without financial stability, you don't have security. With financial stability it allows you to lead a stable life." Those parents who saw *employment* as an important contributor to health and well-being (n=2) focused on the financial stability provided by a steady job, which was perceived to lead to less stress.

Factors relating to the determinants education, physical environments, employment and working conditions and health services were mentioned by fewer than 10% of respondents to all surveys even though, in fixed-response questions, parents indicate that these determinants are important. Education was also mentioned in the qualitative interviews as contributing to better employment and hence financial security, and it was also perceived as influencing attitudes towards oneself and others. One parent suggested that education "makes for a well-rounded and informed person," and another said that education leads to the development of "good habits."

At baseline, young parents responding to the qualitative interviews focused on how the determinants contribute to making their lives more enjoyable and having energy to do what they want, rather than emphasizing disease prevention. Even when describing how practices such as nutrition affect well-being, they focus on being able to do more rather than preventing illness. Some respondents also identified how the factors provide a healthy environment for children.

This same view was supported in the final qualitative interviews, with most answers emphasizing the positive aspects of health rather than disease prevention. Young parents often described health holistically, encompassing physical, mental and spiritual well-being and the inter-relationships between them.

Contributors to Community Well-being and Health

Respondents were asked an open-ended question about what is important for a healthy community at baseline and in the final survey. As indicated in Table 6, factors related to social supports in communities were most often cited in both surveys (79% baseline; 82% final). Respondents mention various types of involvement in the community and participation in community activities, as well as communication and co-operation between neighbours. Availability of community and recreational activities and support from community and religious groups were also seen as important for a healthy community, although not mentioned as frequently. The focus of responses changed somewhat between baseline and final surveys, with more responses in the final survey relating to support of, and from, the community, for example, "participation in community activities" (19% baseline; 28% final) and "support from community/religious groups" (7% baseline; 12% final). In the baseline survey, there was more of a focus on individual relationships in the community: for example, "neighbours who help each other" (32% baseline; 20% final); and "family involvement" (14% baseline; 5% final).

The physical aspects of the community, such as safety, parks and recreational activities, crime rate and quality of air and water, were far less frequent responses than the social aspects of communities. The total percentage of responses relating to physical environments was 27% at baseline and 28% in the final survey.

A Community Values category was added as a determinant of healthy communities representing collective personal health practices and coping skills. About 3% of respondents mention factors relating to this category in the baseline and final surveys. In both surveys, about 7% of respondents indicated that they did not know what contributed to a healthy community.

TABLE 6
CONTRIBUTORS TO A HEALTHY COMMUNITY
Young Parents (n=282)
Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Income*	**3.0**	**4.8**
Money	1.8	3.9
Financial support-funding	.2	
Supporting & Owning community businesses	1.1	.9
Social Supports*	**78.7**	**82.3**
People involved in community	32.6	35.9
Neighbours who help each other	31.7	19.5
Friendly neighbours	24.3	20.7
Participation in community activities	19.3	27.7
Recreational opportunities/all ages	11.9	11.4
Family involvement	13.6	5.3
Support from community/religious groups	6.9	11.7
Accessible support programs	6.7	6.2
Participation in religious activities	3.5	2.6
Positive attitude self/family	2.8	1.8
Good communication	2.1	2.6
Good government	1.1	.7
Supporting community business	.5	.0
Local/provincial government support	.0	1.2
Support programs for basic needs	.0	.7
Education	**6.1**	**7.3**
Good schools	6.1	7.3
Physical Environments	**27.3**	**28.0**
Parks/recreational facilities	11.0	9.9
Safety	12.7	12.7
Low crime rate	6.7	5.1
Clean air/water	4.9	6.5
Recycling	.0	1.6
Low noise pollution	.2	.0
Public Services-police/fire/ambulance/libraries	.3	.7
Clean neighbourhood/looking after property	.2	.9
Community Values	**3.1**	**3.6**
Respect/honesty/trust	1.7	.9
Tolerance of cultural differences	.9	.0
Strong morals in community	.5	.2
Working together	.0	2.5
Employment & Working Conditions*	**.8**	**1.4**
Employment/jobs	.8	1.4
Health Services	**5.5**	**4.8**
Accessible health facilities	5.5	4.8
Don't Know	**6.9**	**7.5**
Other	**2.3**	**2.1**

*Determinants included in *You're Amazing* program focus

Barriers to Promoting Well-being and Health

Respondents at baseline and in the final survey were asked, *"What are the barriers to your family's well-being and health?"* Table 7 shows that financial problems (38% baseline; 31% final) and lack of time (28% baseline; 36% final) continue to be the most commonly cited barriers by far. Lack of time is categorized under coping skills, and along with "stress" (8% baseline; 9% final) and "too many things to do" (5% baseline; 6% final) combine to make this category the most frequently cited barrier to well-being and health in the final survey. Factors related to employment and working conditions were mentioned by 7% of respondents. The percentage responses relating to other determinant categories dropped from baseline to final and fewer than 5% of respondents identified any other item as a barrier to well-being and health in the final survey.

TABLE 7
BARRIERS TO FAMILY WELL-BEING & HEALTH
Young Parents (n=282)
Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Coping Skills	**37.6**	**43.5**
Lack of time	28.2	36.1
Stress	7.9	9.3
Too many things to do	5.0	6.3
Poor communication	3.9	2.3
Change in marital status	1.1	.2
Attitude	.0	.7
Income*	**38.5**	**30.9**
Financial problems	37.8	30.9
Lack of financial stability	2.1	.0
Social Supports*	**6.2**	**1.9**
Lack of support from family/friends	1.1	.3
Lack of social life	2.2	.0
Nothing to do in community	1.2	.2
Government intervention in freedom of choice	.7	.0
Emotional abuse	.2	.0
Lack of access to recreational facility	.9	1.4
Personal Health Practices	**8.8**	**4.3**
Smoking	3.3	.3
Poor nutrition/diet	3.3	1.9
Lack of exercise	.7	.9
Lack of sleep	1.9	.7
Drinking	.0	1.6
Poor lifestyle	.2	.0
Child Development*	**2.3**	**1.4**
Lack of discipline/structure in family	2.3	1.4
Employment & Working Conditions*	**5.3**	**6.5**

TABLE 7
BARRIERS TO FAMILY WELL-BEING & HEALTH
Young Parents (n=282)
Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Not satisfied with work/job	4.5	3.2
Work too few/too many hours	.8	3.2
Education	.3	.0
Lack of education	.3	.0
Physical Environments	2.8	2.8
Location of residence	1.1	.9
Weather	.5	.5
Environmental pollution	1.1	1.2
Unsafe neighborhood	.2	.2
Health Services	5.8	3.1
Lack of access to medical/social care	5.5	3.1
Health Care premiums too high	.3	
Biology & Genetic Endowment	1.7	4.5
Poor health/Chronic illness	1.7	4.5
Other	.0	4.8
No Barriers	6.6	3.0
Don't Know	7.3	14.8

*Determinants included in *You're Amazing* program focus

The percentage of respondents who indicated that they did not know or did not understand what are barriers to family well-being doubled from the baseline to the final survey (7% baseline; 15% final). The percentage of respondents who felt there were no barriers to well-being and health decreased from 7% at baseline to 3% in the final survey.

The major constraints identified by parents in the final qualitative interviews that would influence their abilities to engage in activities to promote health and well-being were the two-interrelated factors of time and work. The concerns mentioned in the final survey were similar to those reported at baseline. Work situations influenced the time that families had to spend together. Work situations included: being away from the family for considerable periods of time, shift work, inconsistent work shifts and schedules, and overtime commitments. One parent stated: "I have a really screwy work schedule. It is extremely varied and there is no set routine with it, so it makes it difficult to incorporate it with the family schedule." Another stated, "the problem usually is the prioritizing of time. You either don't have enough time or you are caught up running around all over trying to get everything done." A few parents also commented that overcommitment to outside activities might interfere with family time.

Over one quarter (28%) of the 50 young parents identified that illness also may get in the way of being able to do things that promote the health and well-being of their families.

For the most part, health problems were not currently experienced, although one parent described a child's asthma as limiting activities.

Financial constraints were also mentioned, with parents providing examples of inadequate resources to enable children to engage in extracurricular activities. One parent said, "Some things are fairly expensive, e.g., figure skating costs an arm and a leg. There are only some of them [activities or programs] right now that we can pick, having three kids [because of the cost].

3.5 AWARENESS OF ROLE IN PROMOTING WELL-BEING AND HEALTH (Young Parents)

There was one open-ended question that focused indirectly on respondents' awareness of their role in promoting well-being and health in their families by asking about intended behaviour change: "In the future, what do you plan to do to improve your well-being and health and the well-being and health of your family?" The rationale for asking this question is that intention to change is a preparatory step toward actual behaviour change to promote well-being and health, based on the Stages of Change Theory developed by Prochaska and DiClemente.[16] Fixed response questions were also asked to provide further indication of young parents' awareness of their role and the role of others. Awareness of their role in looking after their own well being and health is also reflected in active involvement (behaviour change and continuing behaviour) in promoting well-being and health in their families (Section 3.6).

Future Changes

In the final survey, proposed future changes mainly fall within the four health determinant categories of personal health practices, social supports, coping skills and employment (Table 8). These areas were also most frequently mentioned at baseline.

Respondents strongly focused on improving **personal health practices**, with about 40% of responses being categorized under that determinant in both the baseline and final surveys. Increasing physical activity (28% baseline; 29% final) and improving diet (13% baseline; 19% final) were the most frequently mentioned anticipated changes. Strengthening **social supports** by spending more time with family (24% baseline; 19% final) was also anticipated. A higher percentage of respondents at baseline mentioned changes related to social support than they did in the final survey (31% vs. 22%, respectively). In both the baseline and interim surveys, 17% of respondents mentioned anticipated changes that were categorized under **coping skills**. Most of the responses in this category related to improving relationships and managing stress. Taking educational courses (12% baseline; 9% final) and changing jobs (11% baseline; 11% final) are also mentioned frequently.

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TABLE 8
Young Parents (n=282)
PLANNED CHANGES FOR FAMILY WELL-BEING AND HEALTH
Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Income*	**3.5**	**1.6**
Improve financial security	1.9	.2
Save money/manage budget	1.6	1.2
Invest in life insurance/RRSPs	.0	.2
Social Supports*	**31.0**	**22.2**
Spend more time with family	24.4	19.2
Increase participation in community	5.1	1.5
Increase participation in religious activities	3.6	2.7
Improve social life	.7	.2
Personal Health Practices	**41.1**	**38.3**
Increase physical activity	28.0	29.4
Improve diet	13.0	18.7
Quit/reduce smoking	8.5	4.9
Lifestyle/healthy lifestyle	1.4	.0
Weight loss	.7	.0
Quit/reduce alcohol	.9	.0
Alternative medicine	.9	.3
Improve sleep habits	.2	.0
Coping Skills	**17.3**	**17.3**
Improve relationships family/friends	9.8	7.9
Change family status	.9	.7
Manage/reduce stress	3.1	5.6
Increase leisure time/take vacation	1.8	2.7
Work less/more hours	3.1	1.6
Get family counseling	.0	.3
Child Development*	**9.3**	**8.6**
Improve family organization	7.4	8.1
Quit job to stay home	1.9	.5
Employment & Working Conditions*	**11.6**	**11.0**
Change jobs	11.0	11.0
Seeking employment	.7	.0
Education	**12.2**	**9.3**
Take courses	12.0	9.1
Start education fund	.2	.7
Read more/less television	.0	.2
Physical Environment	**6.1**	**4.4**
Move	4.0	3.0

TABLE 8 Young Parents (n=282) **PLANNED CHANGES FOR FAMILY WELL-BEING AND HEALTH** Percentage of Open-ended Responses		
DETERMINANTS	**Time 1**	**Time 3**
Country living	1.6	.3
Safe house	.2	.0
Recycle/fewer chemicals/clean environment	.2	.7
Improve home condition - Clean house/renovate	.2	.3
Health Services	**1.9**	**2.3**
Receive medical treatment	1.9	2.3
Regular medical check-ups	.0	.0
Other	**.0**	**3.6**
No Changes Planned (Good as it is)	**4.0**	**10.4**
Don't Know	**3.8**	**5.0**

*Determinants included in *You're Amazing* program focus

Ten percent of respondents at the final survey indicated that they did not anticipate future changes, with most stating they were satisfied with the way things were. This is in contrast to the 4% at baseline who did not anticipate changes.

Responses to the qualitative interviews of the final study regarding the anticipated benefit of these planned changes were similar to the responses at baseline. As at baseline, the anticipated benefit of increased physical activity and improved diet included feeling better and being more energetic. Increased family time was seen as effective in building close bonds and encouraging other healthy activities. Changing jobs was seen as a way to increase financial stability and also a way to reduce stress in the household. These responses indicate that young parents understand the inter-relationship of determinants.

When asked in the final qualitative interview what motivated them to consider these planned changes, parents overall cited multiple influences. However, over half of the respondents who planned changes attributed the change to self-motivation. The next most common response was either a partner or spouse, followed by children. Parents and friends were mentioned less frequently. Children's influence was related to parents being role models and enhancing the quality of children's lives. These responses are consistent with the responses given at baseline.

Young parents responding to the qualitative interview were also asked what would get in the way of their proposed future changes. The most frequently mentioned barrier was lack of time, cited by 32% of the respondents. Income, increased stress, and lack of motivation were other responses. In detailing what would help respondents realize their anticipated changes, the most frequently mentioned responses were personal in nature. Respondents mentioned perseverance, self-discipline, and a positive attitude as motivators. Resources, such as accessible recreational facilities, support groups and family oriented activities and financial support was also mentioned by several respondents.

Responsibility For Well Being And Health

In addition, three items in the survey questionnaire relate to individuals' views of their role and responsibility for promoting their own, their family's and their community's well being and health as well as others' roles.

At the time of the final survey, the extent to which young parents agreed that "Health education is the responsibility of the family" declined somewhat from baseline. Still, more than half of the 282 young parents in the panel agreed to some extent with this statement. There was also an observed decline in the proportion of parents who agreed that, "*What happens to a person's health depends mainly on how they take care of themselves.*" Again, there was more agreement than disagreement with this statement, overall.

TABLE 9
RESPONSIBILITY FOR HEALTH
Percentages at T1,T2 and T3 – Target Group (n= 282))

	Strongly Disagree	1	2	3	4	5	Strongly Agree
Health education is the responsibility of the family							
	Baseline	2.6	6.9	25.1	27.6	37.9	Mean - 3.91
	Interim	1.4	3.5	32.3	32.8	30.0	Mean - 3.87
	Final	2.6	10.6	34.0	33.3	19.4	Mean - 3.56
What happens to a person's heath depends mainly on how they take care of themselves.							
	Baseline	1.2	4.4	16.1	40.2	44.9	Mean - 4.18
	Interim	.2	1.6	13.2	40.2	44.9	Mean - 4.28
	Final	1.2	5.8	23.6	33.7	35.6	Mean - 3.97
The government has a responsibility to provide resources for health promotion							
	Baseline	2.2	7.7	14.2	32.3	43.5	Mean - 4.07
	Interim	.2	2.8	16.3	41.5	39.2	Mean - 4.17
	Final	.0	5.3	16.8	39.9	37.9	Mean - 4.10

There was remarkable consistency in the responses of young parents to the opinion statement, "*The government has a responsibility to provide resources for health promotion.*" Typically, there was agreement with this statement, with little variation over time.

Overall, young parents agree that both the individual and government bear responsibility for promoting and maintaining well-being and health.

3.6 INVOLVEMENT IN PROMOTING WELL-BEING AND HEALTH

Three open-ended questions were asked with respect to young parents' health promotion behaviours. The first asked about changes that the respondent had made in the past year, the second about what things the respondents and their families do to contribute to the well-being and health of their families, and the third asked how the respondents and their families contribute to the well-being of their community. In the qualitative interviews,

respondents were asked to elaborate on how these actions contribute to well-being and health and what led them to make changes. These results provide further information on how young parents view their role and responsibility for promoting their own, their family's and their community's well-being and health.

Changes Made

Survey respondents were asked at baseline and in the final survey if they had made any changes in their habits or lifestyle to improve their well-being or health during the past few months. These results are presented in Table 10. Sixty-five percent of respondents at baseline and 61% in the final survey reported changes, with change primarily taking place in the area of personal health practices (49% baseline; 48% final). Most frequently mentioned were "increased physical activity" and "improved diet" (Table 10). Other changes included moving residence (9% baseline; 4% final), changing jobs (5% baseline; 2% final) and educational upgrading (3% baseline; 4% final).

The qualitative interviews reveal that respondents viewed the benefits of these changes as improving their quality of life. Many young parents changed both nutrition and physical activity and did not separate the contributions each of these make to well-being and health. Other benefits mentioned include feeling better physically and emotionally, providing a means for interacting with friends and family, and providing a role model for children. Again, the inter-relatedness of determinants is evident.

TABLE 10
CHANGES MADE TO IMPROVE WELL-BEING AND HEALTH
Young Parents (n=282)
Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Income*	**.7**	**.7**
Managing/budgeting/saving	.0	.7
Increased financial security	.7	.0
Social Supports*	**2.2**	**3.3**
Spent more time with family	1.3	2.1
Increased community participation	.9	.7
Increased religious participation	.0	1.7
Improved social life	.0	.3
Personal Health Practices	**48.6**	**47.7**
Increased physical activity	31.9	30.8
Improved diet	30.9	29.8
Quit/reduced smoking	5.5	4.1
Quit/reduced alcohol	3.0	1.8
Alternative medicine	1.2	.9
Weight loss	.9	.3
Using organic products	.2	.0
Improved sleep habits	.0	2.2

TABLE 10
CHANGES MADE TO IMPROVE WELL-BEING AND HEALTH
Young Parents (n=282)
Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Good health	.7	.0
Coping Skills	**5.6**	**5.7**
Managed/reduced stress	2.6	2.3
Changed family status	2.3	2.3
Went for personal counseling	.3	.3
Went for family counseling	.0	1.2
Increased leisure time/took vacation	.2	.0
Work fewer hours	.0	.2
Child Development*	**1.2**	**.7**
Quit job to stay at home	.7	.0
Improved family organization	.5	.7
Employment & Working Conditions*	**6.0**	**2.9**
Changed jobs	5.0	1.8
Looked for jobs to provide for family	1.1	.0
Education	**3.3**	**4.3**
Took educational upgrading	3.3	4.3
Reading more/less television	.7	.0
Physical Environments	**10.6**	**4.7**
Moved	9.1	3.6
No smoking in home	.7	.0
Home renovations	.2	.3
Improved home conditions (cleanliness)	.2	.2
Health Services	**.5**	**.2**
Received medical treatment	.5	.2
Other	**4.8**	**2.5**
No Changes Made	**34.8**	**39.3**

*Determinants included in *You're Amazing* program focus

An important impetus for change reported in the final qualitative interview was family. Children were mentioned, both in terms of the effect of the change on children's health directly or by providing a positive role model. Spouses and partners were also mentioned as encouraging change. Experiencing or observing the negative effects of "unhealthy" behaviours was also identified as a motivating factor.

The qualitative interviews suggest that the major support for incorporating these changes was support from family, particularly spouses. This support included emotional affirmation and instrumental support, such as partners and extended family members sharing in child care responsibilities. Friends and neighbours and formal supports/services were mentioned less frequently.

Thirty-six of the respondents to the final qualitative interviews (72%) had made changes in the past few months. When asked if the *You're Amazing* program influenced the changes made, seven of these young parents (20% of those who made changes) thought the program may have influenced their decision by increasing awareness and motivation.

Behaviours to Promote Well-being and Health

Respondents were asked, at baseline and final, an open-ended question about what they do to promote the well-being and health of their families. Almost all respondents to both surveys (97% baseline, 98% final) indicated specific ways in which they promote health. The responses, presented in Table 11, represent activities that focus on physical, social, emotional, and economic determinants of well-being and health. However, most of the responses relate to social supports (65% baseline, 74% final) and personal health practices (54% baseline, 66% final).

In both the baseline and final surveys, the most frequently cited activity for promoting well-being and health is related to **social supports**: "spending time with family" (55% baseline, 62% final). In the qualitative interviews, respondents to the final survey explained the ways that they accomplish this. Several parents choose not to work outside the home so they can spend more time with their children. Others structure their time to balance the time spent at work and with their families.

Respondents also mentioned activities beyond the family, related to social support in the community, such as participating in community/school events (7% baseline, 8% final), and participating in religious activities (8% both at baseline and final).

Factors relating to **personal health practices** were also frequently mentioned as a means of promoting their own and their family's well-being and health—regular exercise, mentioned by 37% at baseline and 51% at final, and eating a healthy diet mentioned by 38% at baseline and 46% at final are the most frequently cited behaviours. Respondents to the qualitative interviews discussed their role in promoting regular exercise as encouraging, instigating, planning and participating with their children in structured and unstructured activities.

Maintaining open communication in the family was also indicated by about 10% of respondents in both surveys as a means of promoting well-being and health.

TABLE 11
BEHAVIOURS THAT PROMOTE HEALTH & WELL-BEING IN THE FAMILY
Young Parents (n=282)
Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Income*	**2.4**	**2.5**
Live within means/budget	2.1	.9
Have/get a job to provide for family	.9	1.6
Invest life insurance	.2	.0
Social Supports*	**64.9**	**74.2**
Spend time with family	55.3	62.2
Give positive reinforcement	7.4	10.1
Participate in community/school	6.7	7.5
Participate in religious activities	8.0	7.7
Keep in touch with friends/family	1.7	3.7
Personal Health Practices	**54.5**	**66.1**
Get regular exercise	37.3	50.8
Eat a healthy diet	38.0	45.7
Get enough sleep	4.5	5.3
Alternative medicine	.9	.3
No smoking	1.4	.0
No alcohol	.9	.0
Hygiene oral/body	.2	.2
Coping Skills	**15.2**	**12.2**
Open communication	9.6	9.8
Keep a positive attitude	6.9	2.8
Increased leisure time/vacations	1.1	.0
Child Development*	**19.0**	**11.4**
Provide secure stable home life	12.8	7.4
Maintain discipline/structure	3.6	4.7
One parent not working outside home	3.2	.9
Education	**4.4**	**3.7**
Take courses	2.4	1.7
Reading more/watch less TV	1.9	1.9
Physical Environments	**2.1**	**2.6**
Country living/being outdoors	.5	1.2
Recycle/less chemicals/clean environment	.3	.0
Safe house	.3	.0
Safe environment	.7	.0
No smoking in home	.2	1.4
Health Services	**1.2**	**5.2**
Regular medical check-up	1.2	5.2
Regular dental check-up	.0	.9
Biology & Genetic Endowment	**.2**	**.0**

TABLE 11 BEHAVIOURS THAT PROMOTE HEALTH & WELL-BEING IN THE FAMILY Young Parents (n=282) Percentage of Open-ended Responses		
DETERMINANTS	**Time 1**	**Time 3**
Good health	.2	.0
Other	.0	.2
Don't Know	2.8	1.6
Do Nothing	.2	.2

*Determinants included in *You're Amazing* program focus

Behaviours that Promote Well-being and Health in the Community

Consistent with responses to what contributes to a healthy community, open-ended responses regarding what young parents do to promote the well-being and health of the community emphasize the promotion of social interaction and support. Participation (33% baseline; 51% final) and volunteerism (26% baseline; 31% final) in the community

TABLE 12 BEHAVIOURS THAT PROMOTE WELL-BEING & HEALTH IN THE COMMUNITY Young Parents (n=282) Percentage of Open-ended Responses		
DETERMINANTS	**Time 1**	**Time 3**
Social Supports*	70.8	76.4
Participate in community/school	33.0	51.4
Volunteer in community/school	26.4	30.7
Help out neighbours	22.8	24.8
Watch neighbours house when away	12.8	7.0
Get to know neighbours/show respect	7.0	2.4
Give donations to charities	1.8	2.1
Support/own community business	1.6	1.2
Participate in religious activities	1.6	.2
Teach/give health information	.5	.0
Physical Environments	18.5	14.0
Pick up litter	13.5	9.2
Recycle	8.5	6.6
Practice safe driving/obey rules	.0	.9
Community Values	3.1	4.2
Politically active to promote change	3.0	2.4
Teach family values/parenting	.2	1.1
Be good citizen/role model	.0	.7
Other	.0	1.1
Don't Know	9.6	5.1
Do Nothing	5.7	2.1

*Determinants included in *You're Amazing* program focus

and/or school events and activities were most frequently mentioned. Factors related to enhancing positive neighbour relationships were also mentioned by a substantial number of respondents.

Young parents elaborated on promotion of well-being and health in the community in the qualitative interviews at baseline. Participation in community and school activities was viewed as bringing people together, getting people involved, building trust, providing role models for children and making a better life. Getting to know one's neighbours is made possible through participation and volunteerism in school and community, and provides a sense of community, safety, and awareness of the needs of others. Knowing one's neighbours also leads to close community, positive feelings of happiness, and a sense of direction. Volunteerism ensures the continuance of community organizations as well as giving purpose to self and others.

In contrast to social supports, activities that relate to the **physical environment** were mentioned much less frequently at baseline (18%) and in the final survey (14%). Picking up litter and recycling were the most frequently mentioned activities related to physical environment in both surveys.

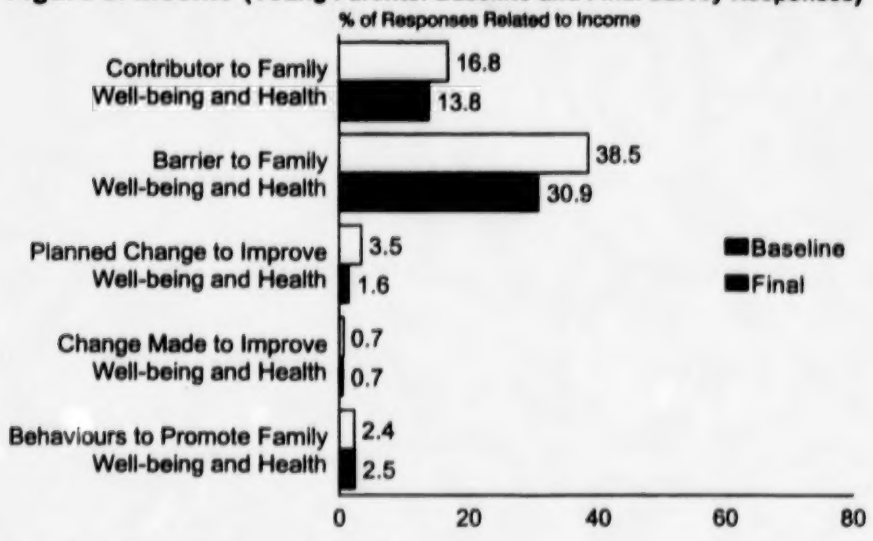
3.7 SELECTED DETERMINANTS OF HEALTH

Interviewers asked respondents their opinions about the effects and importance of specific health determinants of well-being and health. The following section reports responses to these fixed response questions with reference to the open-ended responses reviewed above. The five determinants that were selected as the focus of the *You're Amazing* program are reported individually. Figures indicating the percentage of responses related to each determinants from the open-ended questions are presented under each category. The results related to the determinant categories that were not the focus of the *You're Amazing* program are reported in Appendix B.

Income

In response to open-ended questions in the final survey, almost one third of young parents mentioned factors relating to income as a barrier to well-being and health (Table 7), and 14% of young parents mentioned these factors as a contributor (Table 5). Between baseline and final there was a decrease in the percentage of responses related to income in the open-ended questions regarding contributors and barriers to well-being and health (Figure 5). This trend was also evident in the fixed response questions.

Figure 5. Income (Young Parents: Baseline and Final Survey Responses)



Source: *You're Amazing* Program Evaluation

There was a decrease in the mean rating of the effect of income on well being and health from baseline to interim. Fifty percent of the respondents at baseline accorded income the highest effect rating (5) while only 25% of respondents gave the same rating at interim. This finding was also evident at the final survey, with proportionately fewer young parents (29%) ascribing importance to income as a health determinant compared to their ratings at baseline. There is little change between baseline, interim, and final in the

TABLE 13
INCOME
Percentages at T1, T2 and T3 for Young Parents (n=282)

	No Effect	1	2	3	4	5	Big Effect
Income							
	Baseline	2.5	1.2	17.6	29.2	49.5	Mean - 4.22
	Interim	.9	7.1	31.7	35.8	24.6	Mean - 3.76
	Final	.7	4.3	33.0	33.2	28.8	Mean - 3.85
	Not at all Important	1	2	3	4	5	Very Important
The amount of money available for things you need							
	Baseline	.3	3.2	17.8	32.3	46.4	Mean - 4.21
	Interim	.9	1.1	16.8	32.1	49.2	Mean - 4.28
	Final	.2	1.6	16.9	38.8	42.6	Mean - 4.22
	Strongly Disagree	1	2	3	4	5	Strongly Agree
People with higher incomes are healthier							
	Interim	28.4	25.8	25.5	13.5	6.8	Mean - 2.45
	Final	20.8	24.6	18.9	16.5	19.2	Mean - 2.89

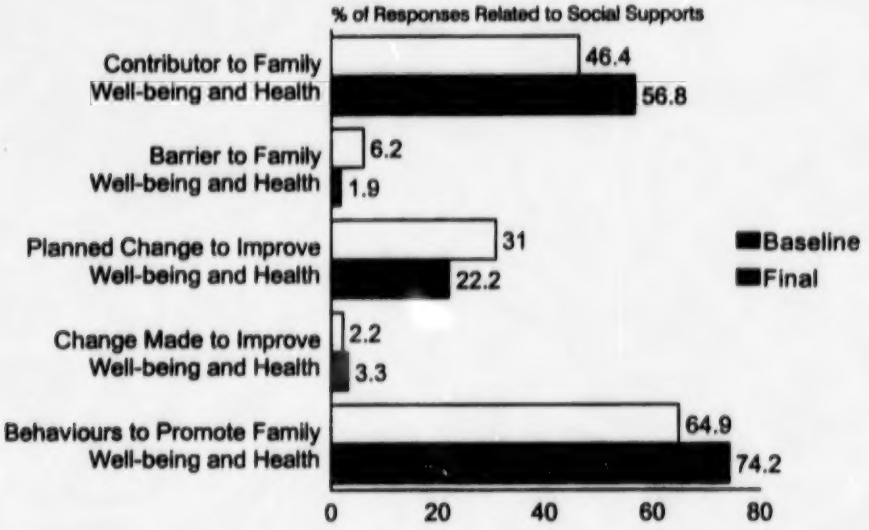
means rating the importance of "*money available for things you need*" to personal well being and health, with well over three quarters of young parents indicating that it is important to well-being and health.

A third question about income, introduced on the interim survey, asked respondents to indicate their level of agreement with the statement, *"People with higher incomes are healthier than people with lower incomes."* Responses to this statement were generally in the opposite direction of what one would expect based on responses to the previous questions. This finding was also evident on the final survey. In February of 1999, the mean for the sample was 2.89 on a 5-point scale, indicating that respondents generally disagreed with the statement. These findings suggest that respondents are less aware of the effect of a socioeconomic gradient on the health of the general population, although the percentage agreeing increased (20% baseline; 36% final).

Social Supports

Factors relating to social supports, especially regarding family support, were most frequently mentioned in response to the open-ended questions regarding contributors to family and community well-being (see Table 5 and Table 6). They were even more frequently mentioned as behaviour to promote well-being and health. Responses to the open-ended questions support the ratings for the fixed response questions.

Figure 6. Social Supports (Young Parents: Baseline and Final Survey Responses)



Source: *You're Amazing* Program Evaluation

Social supports continue to be highly rated with respect to their importance for well being and health. In the final survey, fixed response questions related mostly to community aspects of social support. Participation in social and cultural activities and voluntary

organizations are not as highly rated as those elements that are related to direct support from the community.

There was little change in the ratings related to the importance of participation in social and cultural activities, although it is noteworthy that fewer parents at final saw this item as "very important" (25% baseline; 13% final). The mean rating of importance for participation in voluntary organizations from baseline to interim decreased slightly (baseline 3.74, interim & final 3.57). Eighteen percent of respondents rated participation in voluntary organizations as very important to well being and health in the interim survey, and only 14% gave this rating in the final survey, compared to 24% at baseline. The mean rating for this item did not change between the interim and final surveys.

Overall, respondents agreed that community support for families promotes the well being and health of children, with a consistently high mean rating over the three surveys.

TABLE 14
SOCIAL SUPPORTS
Percentages at T1,T2 and T3 – Young Parents (n=282))

Not at all important	1	2	3	4	5	Very Important
Participation social/cultural activities						
Baseline	1.7	7.2	32.8	32.9	25.3	Mean - 3.73
Interim	1.1	6.1	38.6	36.0	18.2	Mean - 3.64
Final	1.4	6.9	27.8	51.1	12.8	Mean - 3.67
No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Participation voluntary organizations						
Baseline	2.8	4.7	31.7	36.9	23.8	Mean - 3.74
Interim	1.4	8.7	39.3	32.9	17.8	Mean - 3.57
Final	2.3	6.3	37.0	40.6	13.8	Mean - 3.57
Strongly Disagree	**1**	**2**	**3**	**4**	**5**	**Strongly Agree**
Communities that provide support for families promote well-being/ health of children						
Baseline	1.5	4.1	11.4	33.7	49.3	Mean - 4.25
Interim	.3	.5	14.7	44.9	39.5	Mean - 4.23
Final	.0	1.2	15.2	36.3	47.3	Mean - 4.30
What happens in your community affects your family's well-being/health						
Baseline	2.5	1.4	15.9	33.7	46.5	Mean - 4.20
Final	.3	4.4	33.4	36.5	25.4	Mean - 3.82
Social supports available in community affect a person's health						
Interim	6.2	12.8	48.1	22.7	10.1	Mean - 3.18
Final	2.8	13.9	48.6	23.8	11.0	Mean - 3.26

There was a decrease in the mean rating of agreement with the statement "*What happens in your community affects your family's well-being and health*" between the baseline and

final surveys (this question was not presented at interim).

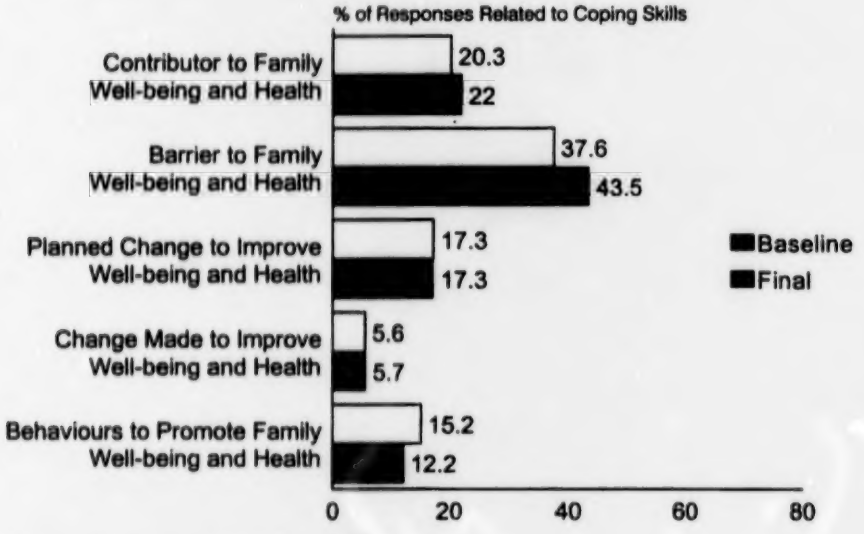
One new question regarding this determinant was added at interim: "*What happens to a person's health depends on the social supports that are available in the community.*" As indicated in Table 14, about 20% of respondents disagreed, almost 50% were neutral, and 32% agreed with the statement. This pattern of responses was essentially unchanged between the interim and final surveys of the target group of young parents.

Questions regarding "*love and support of family and friends*" and "*receiving positive feedback*," which were asked at baseline and interim, were not repeated in the final survey because both of these items were consistently rated highly as influencing well-being and health at baseline and interim. In both surveys, the combined percentage for the two highest ratings (4 and 5) accounted for over 90% of respondents for each question. Based on the frequency with which related items were mentioned in the open-ended questions and in qualitative interviews, it would appear that young parents are clearly aware of the positive influence of social supports on family well-being and health.

Coping Skills

Young parents frequently mentioned issues relating to coping skills in response to the open-ended question about barriers to well being and health (38% baseline, 44% final; see Table 7). While not as frequently mentioned, they are also mentioned as a factor that contributes to well-being and health (20% baseline, 22% final). Coping skills are also cited as an area of past change (6% baseline and final) and future change (17% baseline

Figure 7. Coping Skills (Young Parents: Baseline and Final Survey Responses)



Source: *You're Amazing* Program Evaluation

and final). Figure 7 provides an overview of the responses. In the qualitative interviews, young parents responses confirmed their awareness of the importance of good communication, a positive attitude and good mental health to the well-being and health of the family.

Items relating to coping skills are consistently rated as very important to well-being and health, with fewer than 4% of respondents according any item either of the two lowest importance ratings. Over all three surveys, there is little variation in the distribution and mean ratings of responses.

TABLE 15
COPING SKILLS
Percentages at T1,T2 and T3 – Young Parents (n=282)

	Not at all Important	1	2	3	4	5	Very Important
Recreation/leisure time							
	Baseline	.7	.8	17.3	42.3	38.9	Mean - 4.18
	Interim	.0	1.2	13.3	50.1	35.4	Mean - 4.20
	Final	.0	1.1	8.0	50.0	40.9	Mean - 4.31
Control of stress							
	Baseline	1.1	1.6	7.6	24.8	64.9	Mean - 4.51
	Interim	.0	.7	5.3	34.4	59.7	Mean - 4.53
	Final	.0	.2	5.0	28.9	66.0	Mean - 4.61
	No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Emotional Stress							
	Baseline	1.1	.0	8.5	28.9	61.5	Mean - 4.50
	Interim	.0	.0	9.3	39.1	51.6	Mean - 4.42
	Final	.0	.0	7.9	41.8	50.3	Mean - 4.42

Child Development

The mean rating of the importance of "*life experiences as a child*" decreased slightly between baseline (4.04) and interim (3.91). At baseline, 42% of respondents rated this item as very important to well being and health compared to 36% at interim. In the final survey, the mean rating of importance increased to 4.34, with 38% of respondents rating this item as very important to well-being and health.

The response to a new question added to the interim survey showed that over half of respondents (52%) strongly agreed and almost another third (32%) agreed to some degree that the experiences of young children affect their adult health. Indeed, the mean for this question (4.34) exceeded the baseline mean (4.04) of the previous question. In the final survey, this item again had a high mean rating (4.31), with 54% of respondents strongly agreeing with this statement.

Two other questions were added to the interim survey. The first question addressed the relationship of family dynamics to well-being and health. This question is categorized

under child development because of the importance of family environment for healthy child development. Over 90% of young parents either strongly agreed (54%) or agreed (38%) that family relationships influence health. Results of the final survey were consistent with the interim ratings, with 65% of respondents saying they strongly agreed with the statement.

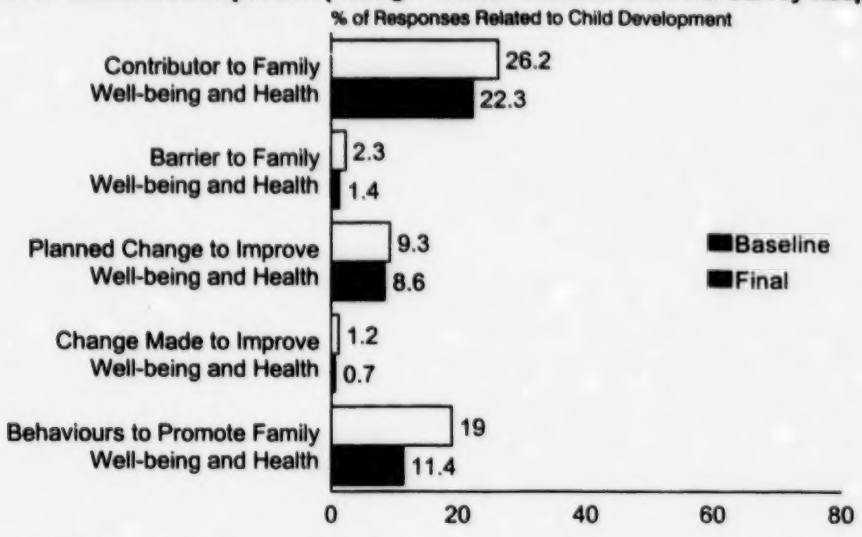
TABLE 16
CHILD DEVELOPMENT Percentages at T1,T2 and T3)

Not at all Important	1	2	3	4	5 Very Important	
Life experiences as a child						
Baseline	2.1	7.1	17.9	30.5	42.4	Mean - 4.04
Interim	1.4	8.9	22.2	32.0	35.5	Mean - 3.91
Final	1.1	8.7	23.1	29.2	37.9	Mean - 4.34
Strongly Disagree	**1**	**2**	**3**	**4**	**5**	**Strongly Agree**
Experiences of young children affect their adult health						
Interim	.0	1.2	15.4	31.8	51.6	Mean - 4.34
Final	.3	3.0	15.6	27.3	53.7	Mean - 4.31
The way a family gets along together affects health						
Interim	.0	.2	7.7	38.4	53.7	Mean - 4.46
Final	.9	1.8	4.0	27.8	65.5	Mean - 4.55
No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Baby's weight at birth						
Interim	6.5	12.9	26.7	25.1	28.7	Mean - 3.57
Final	7.0	14.1	26.7	30.5	21.7	Mean - 3.46

The second question added in this determinant category addressed the influence of birthweight. Just over half (54%) reported some effect (4 or 5), while a quarter (26%) were neutral, and almost one in five viewed birthweight as having no effect on health and well being. There was little change in the mean rating and distribution of responses for this item in the final survey.

With the exception of "baby's weight at birth," the mean ratings for items related to child development are quite high. Nevertheless, factors categorized under this determinant were not frequently mentioned as responses to the open-ended questions, and the percentage of responses related to child development decreased from baseline to final (Figure 8). It should be kept in mind that many factors categorized under other determinants also impact child development.

Figure 8. Child Development (Young Parents: Baseline and Final Survey Responses)



Source: *You're Amazing* Program Evaluation

Employment & Working Conditions

The mean response ratings of the importance and effect of issues related to employment and working conditions were high over all three surveys.

TABLE 17

EMPLOYMENT & WORKING CONDITIONS

Percentages at T1,T2 and T3 – Young Parents (n=282)

Not at all Important		1	2	3	4	5 Very Important	
Physical environment in workplace							
(Employed)	Baseline	.6	2.3	5.4	24.7	67.0	Mean - 4.55
(Employed @ baseline)	Interim	.3	.3	15.5	28.7	55.2	Mean - 4.38
(Employed @ baseline)	Final	1.6	.9	7.3	35.5	54.7	Mean - 4.41
(All)	Interim	.4	.9	11.7	31.4	55.6	Mean - 4.41
(All)	Final	.9	1.4	7.0	34.0	56.7	Mean - 4.44
Relations with co-workers /managers							
(Employed)	Baseline	.3	1.9	6.8	27.2	63.7	Mean - 4.52
(Employed @ baseline)	Interim	.0	1.3	8.3	35.3	55.0	Mean - 4.44
(Employed @ baseline)	Final	.0	1.3	5.8	36.3	56.6	Mean - 4.48
(All)	Interim	.5	1.5	5.3	38.5	54.1	Mean - 4.44
(All)	Final	.0	.8	4.2	38.4	56.6	Mean - 4.51
	No Effect	1	2	3	4	5 Big Effect	
Unemployment							
	Baseline	1.1	2.5	5.0	19.7	71.1	Mean - 4.59
	Interim	1.8	3.2	15.6	32.8	46.7	Mean - 4.19
	Final	.7	1.4	10.0	33.9	54.0	Mean - 4.39

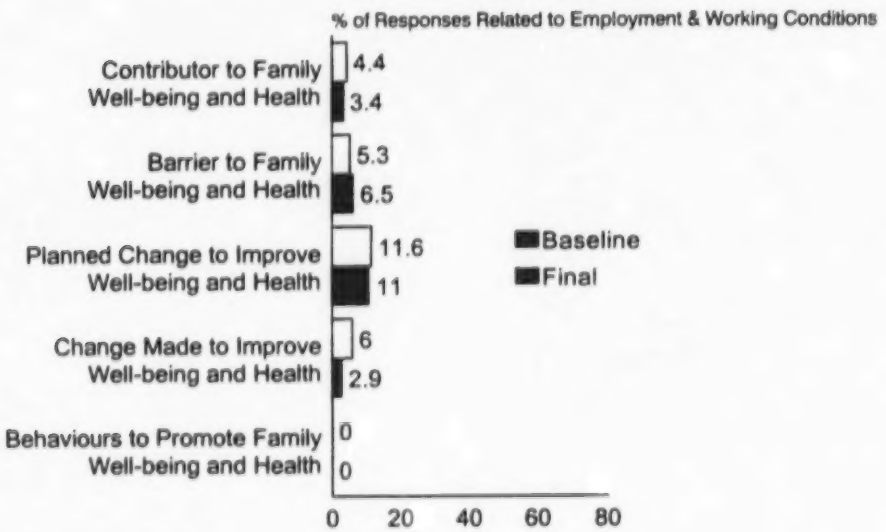
At baseline, only those who were employed were asked questions regarding employment

and working conditions and relations with co-workers, but all respondents were asked these questions at the interim. There were only minor decreases in the means for these two items between baseline and final.

With respect to the mean rating for the effect of "*unemployment,*" there was a considerable drop in the percentage of respondents who gave this item the highest rating of its effect on well being and health. At baseline, over 70% of respondents gave the highest effect rating, while only 47% gave the same rating at interim. The mean rating of the effect of unemployment increased somewhat in the final survey. The distribution of responses remained similar to the distribution at interim, but 54% of respondents in the final survey accorded it the highest effect rating (5), compared to only 47% at interim.

While the fixed response ratings were consistently high, factors categorized under Employment and Working conditions were not frequently mentioned in the open-ended questions (Figure 9). However, related factors, categorized under other determinants were frequently mentioned. These include financial security (Table 5) and financial problems (Table 7), categorized under income, and lack of time related to working schedules (Table 7), categorized under coping skills.

Figure 9. Employment & Working Conditions
(Young Parents: Baseline and Final Survey Responses)



Source: *You're Amazing* Program Evaluation

Other Determinants of Health

Fixed response questions were also asked relating to respondents' awareness of the other

five determinants of health: personal health practices, education, physical environments, health services, and biology and genetic endowment (see Appendix B). In the determinant category, personal health practices, there was an increase in the rating of the importance of regular physical activity to well-being and health between the baseline and final surveys with other items in this category remaining similar over all three surveys. For the other determinants, education, physical environments and health services, there were contradictory differences, with increases and decreases in ratings for different items within each determinant category. Notably, the importance accorded to specific indicators such as housing and injuries in the home decreased from baseline to interim, and final results were consistent with interim responses. Nevertheless, as noted earlier, overall ratings of importance and effect of determinants on well being and health are on the high side—greater than 3 on a 5 point scale.

3.8 SUMMARY OF YOUNG PARENTS' AWARENESS OF DETERMINANTS, ROLE AND INVOLVEMENT

The summary presented here refers to the determinant categories established for the study. It should be kept in mind that, while specific factors were categorized within determinant categories, many of these factors are interrelated with other determinants. This inter-relatedness of factors is evident in young parents responses to qualitative interviews. Particularly noteworthy are parents' comments regarding the effect of various factors on child development.

Contributors to Family Well-being and Health

In comparing final survey data with baseline and interim data, young parents continue to perceive **social support**, **personal health practices**, and **biology and genetic endowment** as the determinants that have the greatest influence on well-being and health. The results show that **social support** remains the most predominant determinant of health for young parents with respect to their views of what contributes to their personal and family well-being and health, and what they do to promote well being and health in their family. The majority of the responses in this category relate to fostering a supportive nuclear family environment rather than extended family and community networks. **Personal health practices** are also seen as important for well-being and health as exemplified in their responses about what they do to contribute to well-being and health, changes they have made and changes they plan to make.

The frequency with which factors relating to these three determinants were mentioned increased from baseline to final, with about half of young parents mentioning these factors in the final survey. There was little variation between baseline and final in parents' perceptions of the importance of **coping skills**, about one in five parents. Similarly, about one in four parents see **child development** as a contributor to well-being and health at both baseline and final. **Employment and working conditions** were not mentioned frequently in open-ended questions, but related factors, for example "financial stability" were more frequently mentioned.

Barriers to Family Well-being and Health

The barriers to well-being and health most frequently mentioned by young parents were related to **income** and **coping skills**. "Lack of time" and "financial problems" were the most common barriers at both baseline and final, with about one-third or more parents citing each as a barrier. However, in the final survey, parents mentioned "lack of time" more frequently than "financial problems," whereas in the baseline survey "financial problems" were mentioned more frequently. This trend was also observed in the responses to fixed-response questions.

Specific Determinants of Health

While young parents focus on **social support**, **personal health practices**, **income** and **coping skills** when responding to open-ended questions about contributors and barriers to well-being and health, ratings of specific health determinants in fixed response questions taken from the "Public Perceptions of the Determinants of Health" show that young parents possess a general awareness of the importance of all the determinants of health. In these specific questions, over 80% of young parents rated most of the determinants as "important" or "very important" to their personal health. Those that were not rated as "important" or "very important" to personal health as frequently were life experiences as a child (67%), inherited traits (53%) and participation in social and cultural activities (64%).

Awareness of Role in Promoting Well-being and Health

In both the baseline and final surveys, factors relating to **personal health practices,** predominantly exercise and diet, and **social support**, most often increasing time with family, were most frequently mentioned as areas of planned change for young parents, although fewer parents at final cited planned changes related to social support. Equal numbers of parents at baseline and final planned changes in **coping skills**. The focus on these areas, rather than on the areas that they cite as barriers, may be related to their sense that they can control these factors.

When asked about responsibility for their own health, there was a slight decline in the extent to which young parents indicated that what happens to their health depends on them and that health education is primarily the responsibility of the family. There was consistency between the surveys in parents' opinion that government has a responsibility to provide resources that will promote family well-being.

Involvement in Promoting Well-being and Health

Young parents most frequently mentioned areas relating to **social support** and **personal health practices** as the way they contribute to the well-being and health of their families. While most of the responses in both surveys relate to these two determinants, there was an increase in each of these in the final survey. A similar proportion of young parents reported making changes to improve well-being and health in each survey (65% baseline; 61% final). Almost half of the reported changes related to **personal health practices**.

Community Awareness and Participation

Young parents were also asked about their views on what contributes to community well-being and what they do to promote well-being in their community. In the final survey, as at baseline, **social supports** were the most frequently mentioned factor contributing to well-being and health of the community (82%), as well as the most frequently mentioned with respect to what young parents do to promote well-being and health in their communities (76%). There was a slight increase, over baseline, in the percentage of parents who mentioned social supports in the final survey.

While rarely mentioned as a contributor to personal well-being and health, **physical environments** was the second most frequently mentioned determinant for healthy communities and for contributions made to promoting a healthy community in both surveys. Factors relating to other determinants were rarely mentioned.

Over three quarters of young parents agree that community supports (84%) are important for well-being. There was an increase in the percentage of young parents who felt that participation in social and cultural activities was important, with 64% of parents rating it as important at final, compared to 58% at baseline. However, just over half (54%) viewed their participation in voluntary organizations as important in the final survey, compared to 61% in the baseline survey.

4. FINDINGS: INFLUENCER GROUP

The impact of the "*You're Amazing*" program was expected to reach beyond the young parents targeted in this program to include other individuals who were seen to influence the well-being and health of these young parents. For the purpose of this program evaluation, an "influencer group" was defined as adults who have an influence on young parents either in their role as a family member, neighbour, friend, or as a professional (e.g. physician, counselor, teacher, or church official) in contact with young parents. A random sample of members of this influencer group, so defined, was identified at baseline and surveyed again at final.

Influencers were surveyed at baseline and final to measure their awareness of the determinants of health, their awareness of their role, as well as young parents' role, in promoting well-being and health, and to determine their involvement in supporting young parents and promoting well-being and health. Both fixed response and open-ended questions were used to obtain relevant data from this group on two occasions. The survey instrument for influencers closely followed the young parents' questionnaire and is included in Appendix A. In the final survey, influencers were also asked about their awareness of and response to the *You're Amazing* program and were asked the same questions as young parents on program and policy options.

The baseline survey was conducted in April 1997, while the follow-up survey of the members of the original influencer group was conducted in February 1999. In total, 221 people were interviewed in both the baseline and follow-up surveys. The following subsections of this report describe the results obtained in the follow-up survey, with comparisons made to baseline results where possible. Demographic information for the sample of influencers is included in Section 2.4.

4.1 RELATIONSHIP TO YOUNG PARENTS

Respondents were first asked what extended family relationship, if any, they have with the young parents with whom they play an influential role (Table 18). Sixty-four percent of respondents are in some way related to the young parents they influence.

TABLE 18
INFLUENCERS' FAMILY RELATIONSHIP TO YOUNG PARENTS
(n=221) Percentages

Parent	28.3	Aunt	8.5
Sibling	12.8	In-Law	2.1
Grandparent	4.9	Cousin	1.5
Uncle	5.1	Nephew	.6
No family relationship	36.1		

About 31% of influencers reported having both a family relationship and a non-family relationship with young parents. In total, almost 70% of influencers reported having a professional or other non-family relationship to parents in this age group. Of these

relationships, over half are friends, neighbours or co-workers (68%) and almost a quarter (22%) have a professional relationship with young parents (Table 19).

TABLE 19
INFLUENCERS' NON-FAMILY RELATIONSHIPS TO YOUNG PARENTS
(n=153) Percentages

Teacher/teacher's assistant	11.6	Friend	50.0
Health Professional	6.9	Co-worker	16.4
Social worker	2.1	Neighbour	1.5
Mental Health Professional	.8	Other	9.9
Priest/minister/rabbi	.8		
Total Professional	**22%**	**Total Non-professional**	**78%**

Respondents were asked how many parents in this age group they have contact with at least once a month. The majority (66%) have regular contact with between one and six young parents; most remaining influencers have regular contact with 7 to 80 parents; three influencers have regular contact with 100 parents.

4.2 AWARENESS OF THE *YOU'RE AMAZING* PROGRAM (Influencers)

At the time of the final survey, the *You're Amazing* program was well into its second year of implementation. Several of the program elements were widely marketed and therefore available to people beyond the primary target group (18 to 30 year old parents).

Influencers' awareness of the *You're Amazing* program was determined by their response to a question that asked directly whether the respondent was aware of the *You're Amazing* program and were asked to identify where or how they had heard about the program. Unlike the young parents, who were also asked questions regarding specific program elements, influencers were not asked any questions regarding their awareness of specific program elements. Because of this, influencers' awareness of the program or program elements may be under-reported given that almost 35% of the young parents who were aware, at some level, of the *You're Amazing* program initially said that they had not heard of the program. The results of this section of the survey are not weighted so as to provide a more accurate impression of the impact of the program.

Of the 221 respondents to the influencer survey, **16%** (n=35) influencers, compared to 40% of young parents, indicated that they were aware of the *You're Amazing* program. While it appears that more young parents were aware of the program, only 27% (n=76) of young parents, when asked directly whether they were aware of *You're Amazing*, indicated they were aware of the program.

Of the 35 influencers who had heard of the *You're Amazing* program, the most frequent response regarding where they found out about the program was through the **public health units or RHAs (n=13; 6%** of the total sample), followed by **brochures (n=9; 4%** of the total sample). Six respondents (3%) had read about the program in a newspaper article, and five (2%) had seen a poster. Four respondents said they did not know where they had heard about the program. Other answers given less frequently included the

calendars, schools, and newpaper ads. One respondent each mentioned the family kit and a fair. It should be noted that these categories are not mutually exclusive. One respondent mentioned four sources, two respondents mentioned three sources, and seven respondents mentioned two sources where they had heard about the program.

Influencers' Perceptions of *You're Amazing* Program

The 35 influencers who were aware of the *You're Amazing* program were asked one fixed response question and two open-ended questions regarding their perceptions of the program. When asked, "Of what you have seen from the *You're Amazing* program, do you think this is a good way to reach young parents?", **24 (69%)** thought it was a good way to reach young parents, while five (14%) did not. The remaining, six respondents (17%) either did not know (n=5) or gave no response (n=1). Responses to the two open-ended questions provided more information about influencers' perceptions. Summaries of these responses are provided in the following sections. Young parents responses were similar, with 71% indicating they thought the program was a good way to reach young parents.

Message Received

The 35 influencers who indicated awareness of *You're Amazing* were asked an open-ended question regarding what message(s) they had received from the program. Table 20 provides a summary of these responses. All of the responses were coded, so a single respondent may have more than one response. The majority of influencers' responses related to messages that were the focus of the *You're Amazing* program.

The most frequently identified messages related to **increased health awareness** (n=9; 26%).

> *- "The importance parents play in the role of their children's health and education. The ownership, they have to be responsible for their child's health and learning. It show the importance of play and interpersonal skills."*
>
> *-"That the health of the young family is very important to the well-being of the community. Also, that the improvement of mental and social health is the responsibility of the total community."*

About 23% of influencers indicated messages related to **family relationships and support.**

> *- "They were really promoting family health, especially young families. They are trying to show the ways to deal with the stressors of being a young family and providing coping mechanisms to deal with those stressors.."*
>
> *- "There were a lot of things about healthy relationships in the family - how to achieve them and keep them."*

Table 20
***You're Amazing* Message**
Influencers aware of the *You're Amazing* Program (n=35)

Response	N	%
Increased Health Awareness	9	26
Family Oriented/Support Family Life	8	23
Eating Habits	3	9
Lifestyle/Balance	2	6
Positive Attitude	2	6
Positive Feedback	2	6
Tips For Activities	2	6
Exercise/Fitness	1	3
Other	3	9
Don't Know	12	34

Messages related to **positive attitude**, **positive feedback** and **balanced lifestyle** were also mentioned by **6 (18%)** influencers.

Young parents identified similar messages, although they mentioned messages relating family relationships and support more frequently than messages relating to increased health awareness.

Thirty-four percent of influencers (n=12) were unable to articulate any specific message they had received from the program. This is in contrast to 45% of young parents. One explanation for this difference may be that all of the influencers who responded to this question could identify the program by name, while the young parents responding may have had more limited contact with the program.

What is good about the program?

The messages articulated by influencers above are also reflected in their responses about what they perceive to be positive about the program (Table 21).

The most common responses, cited by about **one-quarter** (n=9) of influencers, centered on the ***positive focus of the program***. Young parents' responses, on the other hand, focused on how the program promotes family interaction and involvement, increases health awareness and promotes a healthy lifestyle. The difference in what the two groups identified is likely related to their own priorities. Where young parents are concerned about the welfare of their families, influencers are concerned about how supports are provided to young parents.

Table 21
What's Good about the *You're Amazing* Program?
Influencers aware of the *You're Amazing* Program (n=35)

Response	N	%
Positive Focus Of Program	9	26
Increases Awareness/Information	5	14
Promotes Family Interaction/Involvement	4	11
Promotes Healthy Habits/Lifestyle	2	6
Calendars, Posters	2	6
Other	7	20
Don't Know	6	17

- *"It was fun and I think it spoke to families regardless ... of socioeconomic positions."*

- *"It's good to encourage people who are on track with health, those people who are already starting to show concern for health."*

- *"The general positive approach to health, versus the treating of illness. Prevention first instead of treating them after they get sick."*

Similar numbers **(n=7; 20%)** had other responses relating to the program, and all of the responses related to factors that were the focus of the *You're Amazing* program. Examples of these responses follow:

-*"It makes young families aware of all the things that [influence] their health and well-being."*

- "*Showing them that you should be spending time together. Showing people that you can do it in lots of different ways and that the little things count."*

- *"The calendar I had had a lot of good information. Each month it made you stop and think about something- physical activity, safety and nutrition."*

While most of the responses were positive, influencers offered suggestions for increasing the impact of the program by improving reach and expanding program linkages.

-*"There is some opportunity to those who can find [the program]. I'm a teacher and I have barely heard of it, so it needs more promotion... I should have heard more about it for it to be effective."*

- *"I think the initiatives are a good start. I think they should build on what already exists in the community. It is important to build on already existing relationships, this will have a more far-reaching impact. I think they could have connected more with local resources... Have local Alberta Health*

contacts build on the themes in the overall campaign. Young families have a lot of responsibilities and limited resources, so any way local resources can help is very important."

The six influencers (17%) who said they didn't know what was positive about the program indicated that they did not know enough about the program to make a comment. All of these influencers were also unable to identify the message of the program.

Summary of Program Awareness and Reach (Influencers)

Influencers were only asked one question regarding their awareness of the *You're Amazing* program. Thus respondents who may have had contact with the program, but did not recall the program name, could have been overlooked in interviewing.

Thirty-five influencers (16% of the sample) had heard of the *You're Amazing* program. The most frequently mentioned source for finding out about the program was public health units. Most influencers who were aware of the program (70%) thought that it was a good way to reach young parents. A higher percentage of influencers than young parents were able to identify program messages, and identified messages more closely reflected the program focus. When asked what was good about the program, influencers appreciated the positive focus of the program. Influencers, more than young parents, also offered suggestions for improving the reach and impact of the program.

4.3 INFLUENCERS: AWARENESS OF DETERMINANTS OF HEALTH

Like young parents, influencers were asked two types of questions to assess their awareness of the determinants of well-being and health. They were first asked an open-ended question, without prompting, regarding their perceptions of the contributors to family well-being and health. Respondents were allowed to provide up to four responses for each question. The responses to these questions are reported as given as well as coded into determinant categories. Following the open-ended question, influencers were asked fixed response questions for rating the importance or effect of specific determinants of well-being and health.

Contributors to Family Well-being and Health

When asked the open-ended question, "What contributes to a family's well-being and health?", influencers listed a wide range of factors (Table 22). *Financial security*, categorized under **income**, was the most frequently mentioned single factor, with 39% of influencers volunteering this response at baseline and almost 45% mentioning it in the final survey. Factors related to **social supports** were also frequently mentioned. When responses were collapsed under this category, factors in this category were mentioned by 56% of influencers at baseline and by 50% of influencers in the final survey. Most frequently mentioned in this category were *supportive relationships with family and friends* (25% baseline, 22% final), *love among family members* (24% baseline, 18%

TABLE 22
FACTORS CONTRIBUTING TO FAMILY WELL-BEING & HEALTH
Influencers (n=221) Percentage of Open-ended Responses

DETERMINANTS	Time 1	Time 3
Income*	**38.9**	**44.6**
Financial security	38.9	44.6
Social Supports*	**56.3**	**50.3**
Love among family members	24.0	17.8
Supportive relationships family/friends	24.8	22.3
Time with family	17.4	12.3
Spirituality	11.5	9.7
Participation in religious activities	5.8	1.3
Support from spouse	5.7	4.8
Participation in community/school	2.5	1.3
Having a social life	.1	.0
Personal Health Practices	**18.5**	**17.9**
Good nutrition	18.3	17.9
No alcohol	.1	.0
Good sleep habits	.1	1.9
Hygiene	.1	.0
Coping Skills	**31.8**	**27.7**
Good communication	18.3	13.1
Good coping skills/mental health	10.2	11.6
Positive attitude	8.9	4.8
Child Development*	**34.0**	**36.2**
Secure stable home life	26.1	31.6
Family organization	9.5	8.4
Employment & Working Conditions*	**12.1**	**4.0**
Good job	12.1	4.0
Education	**6.5**	**9.6**
Good education	6.5	9.6
Physical Environment	**3.4**	**.9**
Location of residence	1.9	.0
Clean community environment	1.1	.3
Safe community environment	.0	.6
Clean house	.1	.0
Safe house	.1	.0
Biology & Genetic Endowment	**16.4**	**18.6**
Good physical health	16.4	18.6
Health Services	**4.4**	**4.4**
Good healthcare	4.3	4.2
Available/accessible health care	.1	.3
Other	**.0**	**4.9**
Don't Know	**3.3**	**1.7**

*Determinants included in *You're Amazing* program focus

final), and *time with family* (17% baseline, 12% final). A *secure stable home life*, contributing to **healthy child development**, was perceived as important by 26% of influencers at baseline and almost 32% of influencers in the final survey. Factors relating to **coping skills**, particularly *good communication* (18% baseline, 13% final) and factors relating to **personal health practices**, particularly good nutrition (18% at baseline and final), were also frequently reported.

Comparison of the collapsed responses between young parents and influencers show that, for both groups, the most frequently cited determinant contributing to well-being and health is **social supports**. However, specific responses within this broad category vary somewhat. Time with family is mentioned more frequently by young parents (**33%**) than by influencers (**12%**) in the final survey.

There are major differences in the frequency with which influencers and young parents cited factors in several determinants. While young parents more frequently cited factors related to personal health practices (46% young parents; 18% influencers), biology and genetic endowment (43% young parents; 19% influencers), and physical environments (all factors that were not the focus of the *You're Amazing* program), influencers more frequently cited child development, (22% young parents; 36% influencers) income (14% young parents; 45% influencers), and coping skills (all factors that were part of the *You're Amazing* program focus).

4.4 AWARENESS OF ROLE IN PROMOTING WELL-BEING & HEALTH (Influencers)

Influencers perceive that responsibility for health rests on the individual, and that government also bears responsibility for health promotion (Table 23). At baseline, 33% of influencers strongly agreed that what happens to a person's health depends primarily on the individual. The result for the highest rating was similar in the final survey at 32 percent. However, the percentage of influencers according a neutral rating (3 on a 5-point scale) increased 10% (24% baseline, 34% final). A similar proportion at baseline (35%) viewed health education primarily as a family responsibility. This decreased at final to 26 percent.

On the other hand, influencers' agreement with the statement that *government has a responsibility to provide resources for health promotion* increased from baseline to final. At baseline about one third of influencers (34%) indicated the highest agreement rating; this increased to almost 50% in the final survey. Influencers were more likely than young parents to strongly agree that "health education is the responsibility of the family" (26% influencers; 19% young parents), but also to strongly agree on the role of the government (48% influencers; 38% young parents).

TABLE 23
RESPONSIBILITY FOR HEALTH (Percentages at T1 and T3)
Influencers (n=221)

Strongly Disagree	1	2	3	4	5	Strongly Agree
What happens to a person's heath depends on how they take care of themselves.						
Baseline	5.3	10.5	23.9	27.3	33.0	Mean – 3.72
Final	3.5	10.0	33.9	20.8	31.8	Mean – 3.67
Health education is the responsibility of the family						
Baseline	3.5	7.6	21.9	32.3	34.7	Mean - 3.87
Final	1.6	9.4	29.0	34.4	25.7	Mean - 3.73
The government has a responsibility to provide resources for health promotion						
Baseline	5.7	3.5	16.9	39.7	34.1	Mean – 3.93
Final	.3	2.7	17.4	31.8	47.8	Mean - 4.24

4.5 SELECTED DETERMINANTS OF HEALTH

The following section reports influencers' responses to the fixed response questions related to specific determinants of health. These were presented to influencers in both the baseline and final surveys to obtain their opinions about the effects and importance of factors related to specific health determinants.

Income

The open-ended questions at the beginning of the survey showed that influencers are aware of the importance of financial resources for family well-being and health. Financial security was seen as a contributor to well-being and health by almost 45% of influencers in the final survey (Table 22). However, in the fixed-response questions (Table 24), only 26% of influencers to the final survey gave the highest rating (5) on the effect of income on well-being and health. At the same time, 54% of influencers to the final survey, compared to 40% in the baseline survey, gave the highest rating to the importance of *amount of money available for the things you need.* Although in the open-ended responses the influencers were more likely than young parents to identify income as contributing to health and well-being, in the fixed response questions, there is little difference between the groups.

TABLE 24
INCOME (Percentages at T1 and T3)
Influencers (n=221)

	No Effect	1	2	3	4	5	Big Effect
Income							
	Baseline	.0	3.3	24.1	33.7	38.9	Mean - 4.08
	Final	.0	3.1	31.5	39.8	25.7	Mean - 3.88
	Not at all Important	1	2	3	4	5	Very Important
The amount of money available for things you need							
	Baseline		2.7	26.1	31.8	39.5	Mean - 4.08
	Final	.1	.1	16.8	28.9	54.1	Mean - 4.37
	Strongly Disagree	1	2	3	4	5	Strongly Agree
People with higher incomes are healthier							
	Final	12.6	14.6	30.1	18.5	24.3	Mean - 3.27

A further question in the final survey (introduced on the target group's interim survey) asked influencers to indicate their level of agreement with the statement, *"People with higher incomes are healthier than people with lower incomes."* Influencers' responses to this statement were similar to young parents' responses with the most frequently reported response for both groups being "Neutral" (3). This is contrary to what one would expect based on responses to the previous questions. The mean for the influencer group was 3.27 on a 5-point scale and mean for young parents was 2.89. These findings suggest that influencers, like young parents, may be less aware of the effect of a socioeconomic gradient on the health of the general population, even though they readily volunteer income as contributing to the well-being and health of families.

Social Supports

Influencers recognize the benefits of strong social networks. In the open-ended questions, 18% of influencers mentioned love among family members and 22% mentioned supportive relationships with family and friends as a contributing factor to family well-being (Table 22).

Some questions regarding family support networks that were asked at baseline were not asked in this final survey. In the baseline survey, almost all influencers (97%) accorded the two highest importance ratings (4, 5) to *love and support of family and friends* and over 90% gave these same ratings to *receiving positive feedback*. As with young parents, influencers also frequently mentioned factors relating to social supports in the open-ended questions, suggesting a general awareness, in both groups, of the positive influence of social supports on family well-being and health.

TABLE 25
SOCIAL SUPPORTS (Percentages at T1 and T3)
Influencers (n=221)

Not at all important	1	2	3	4	5	Very Important
Participation social/cultural activities						
Baseline	.0	5.2	29.0	40.0	25.8	Mean - 3.86
Final	.1	.9	31.2	46.7	21.0	Mean - 3.88
No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Participation voluntary organizations						
Baseline	2.8	5.9	26.9	41.5	22.9	Mean - 3.76
Final	3.3	8.2	32.7	36.2	19.6	Mean - 3.61
Parents spending time alone together						
Baseline	.0	1.3	8.7	35.8	54.1	Mean - 4.43
Final	.6	3.7	13.7	44.9	37.1	Mean - 4.14
Strongly Disagree	**1**	**2**	**3**	**4**	**5**	**Strongly Agree**
Communities that provide support for families promote well-being/ health of children						
Baseline	5.0	5.2	14.2	38.9	36.7	Mean – 3.97
Final	.1	2.6	22.6	39.8	34.7	Mean - 4.06
Social supports available in community affect a person's health						
Final	5.9	13.9	41.8	27.3	11.1	Mean - 3.24

One question asked at baseline regarding parents spending time alone together was repeated in the final survey. At baseline, more than half (54%) of influencers accorded the highest importance rating to this item, compared to 37% in the final survey. Nevertheless, of the statements presented at both baseline and final, *parents spending time alone together*[17] had the highest mean rating of any of the items under social supports.

Fixed response questions asked at both baseline and interim focused on community participation and supports. As at baseline, influencers' rating of the importance of community networks is lower than the rating for family support networks. Only 21% of respondents to the final survey view participation in social/cultural activities as very important, compared to 26% at baseline. A similar result was found regarding the importance of participation in voluntary organizations (23% baseline, 20% final). This same trend was found in young parents' responses to these questions. At both baseline and final, a little more than one third of influencers strongly agreed that communities can support family well-being (37% baseline, 35% final). This is in contrast to young

17 This question was not asked of young parents in any of the surveys, although, at baseline, they were asked how much time they spent alone with their spouses. It was intended to compare influencers' ratings of the importance of time alone with a spouse and how often young parents actually did spend time alone together. This question was not repeated in subsequent surveys.

parents' responses where almost one half strongly agreed with the statement in the baseline and final surveys (49% baseline; 47% final).

In response to a new question (added to the young parents' questionnaire at interim) regarding social supports in the community, influencers reported less agreement than with the previous questions regarding community supports. Only 11% of influencers strongly agreed that social supports in a community affect a person's health and 42% were neutral. Young parents' responses in the final survey were similar, with 11% saying they strongly agreed and 48% being neutral (Table 14).

Coping Skills

Influencers were asked to rate the importance or effect of statements that relate to coping skills (Table 26). Over half (51% baseline, 56% final) rated *control of stress* as very important to well-being and health, with the mean rating on a 5-point scale of 4.33 at baseline and 4.43 at final. The effect of *emotional stress* on well-being and health had similar mean ratings of 4.26 at baseline and 4.28 at final. Young parents' mean ratings for these items were marginally higher than influencers (Table15).

TABLE 26
COPING SKILLS (Percentages at T1 and T3)
Influencers (n=221)

	Not at all Important	1	2	3	4	5	Very Important
Recreation/leisure time							
	Baseline	.7	4.6	20.7	43.7	30.2	Mean – 3.98
	Final	.0	1.0	19.8	51.3	28.9	Mean - 4.08
Control of stress							
	Baseline	.0	.0	18.1	30.8	51.1	Mean - 4.33
	Final	.0	.6	11.9	31.2	56.3	Mean - 4.43
	No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Emotional Stress							
	Baseline	.0	.6	16.7	38.9	43.7	Mean - 4.26
	Final	.0	1.0	13.5	41.6	43.9	Mean - 4.28
Parents taking time for themselves							
	Baseline	.1	1.2	16.4	37.9	44.4	Mean - 4.25
	Final	.6	3.1	18.0	44.8	33.5	Mean - 4.07

Parents taking time for themselves[18] as individuals was perceived to have a big effect, although the percentage of influencers according it the highest effect rating (5) dropped from 44% at baseline to 33% in the final survey. While recreation and leisure time was considered to be of importance for about three-quarters of the influencers in both surveys (74% baseline, 80% final), only 30% rated it as very important at baseline, and 29% rated

18 As with the question regarding time alone with a spouse, at baseline, young parents were asked how often they took time for themselves, with the intent of comparing influencers' perceptions of effect with young parents' actual behaviour. Young parents were not asked about the time they took for themselves in subsequent surveys.

it as very important in the final survey. Young parents' mean ratings on the importance of "recreation and leisure" also increased over the period of the study and were slightly higher than influencers ratings. About 41% of young parents, compared to 29% of influencers rated recreation and leisure as very important. Similarly, "control of stress" was rated as very important by 66% of parents versus 56% of influencers.

Child Development

Only one question[19] relating to child development was repeated from the baseline survey. This question asked about the importance of life experiences as a child to well-being and health. Although the mean for the young parents group was very similar (4.34) at final, more influencers rated the item as "very important" (54% influencers; 38% young parents).

While over 80% of influencers rated *life experiences as a child* as important or very important in both surveys, the percentage of influencers according the highest importance rating increased from 42% at baseline to 54% in the final survey. The mean rating of the importance of this item increased from 4.16 at baseline to 4.31 at final.

TABLE 27
CHILD DEVELOPMENT (Percentages at T1 and T3)
Influencers (n=221)

Not at all Important	1	2	3	4	5 Very Important	
Life experiences as a child						
Baseline	.6	5.4	13.8	37.9	42.4	Mean – 4.16
Final	.6	5.4	9.9	30.2	53.9	Mean - 4.31
Strongly Disagree	**1**	**2**	**3**	**4**	**5**	**Strongly Agree**
Experiences of young children affect their adult health						
Final	.7	1.6	11.0	31.9	54.8	Mean - 4.38
The way a family gets along together affects health						
Final	.0	.7	8.9	34.4	56.0	Mean - 4.46
No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Baby's weight at birth						
Final	4.3	15.3	25.6	29.0	25.8	Mean - 3.57

Three new items relating to child development were added to the young parents' survey at interim and were also included in the final survey of the influencers. Over half of the influencers strongly agreed that *the way a family gets along together affects health* (56%) and that *experiences of young children affect their adult health* (54%). The question regarding the effect of *birth weight* on well-being and health did not receive similar high

19 A second question which asked about the effect of child abuse and neglect was omitted because over 95% of influencers at baseline rated this as having an effect on well-being and health.

ratings. As with the target group, almost one in five (20%) influencers rated birth weight having little or no effect on well-being and health.

Employment & Working Conditions

The physical and social conditions of the workplace are seen as important to one's health and well-being in both the baseline and final surveys, with at least 75% of influencers selecting the top two categories of importance for these determinants (Table 28). Although the mean rating for the importance of the *physical environment in the workplace* decreased in the final survey, no influencers to the final survey rated this item lower than 3 on a 5-point scale in the final survey. Young parents tended to rate these factors slightly higher.

TABLE 28
EMPLOYMENT & WORKING CONDITIONS (Percentages at T1 and T3)
Influencers (n=221)

	Not at all Important	1	2	3	4	5 Very Important	
Physical environment in workplace							
	Baseline	.0	2.4	9.5	32.7	55.4	Mean - 4.41
	Final	.0	.0	21.4	30.6	47.9	Mean - 4.27
Relations with co-workers /managers							
	Baseline	.6	.1	17.7	35.4	46.1	Mean - 4.26
	Final	.0	2.5	11.3	41.5	44.7	Mean - 4.28
	No Effect	**1**	**2**	**3**	**4**	**5 Big Effect**	
Unemployment							
	Baseline	.0	.7	4.6	21.5	73.1	Mean - 4.67
	Final	1.8	1.2	11.8	18.9	66.4	Mean - 4.47

Influencers were also asked about the effect of *unemployment* on health. At baseline, 73% viewed unemployment as having a big effect on health. The percentage of influencers according the highest effect rating dropped to 66% in the final survey, and the mean rating, while still very high also dropped (4.67 baseline; 4.47 final). Interestingly, the mean rating for the young parents on this item also decreased (4.59 baseline; 4.39 final).

Other Determinants of Health

Fixed response questions were also asked relating to influencers' awareness of the other five determinants of health: personal health practices, education, physical environments, health services, and biology and genetic endowment. In the determinant category, personal health practices, mean ratings of the importance of all items in this category were high in both surveys, with all means over 4.25 on a 5-point scale in the final survey. There was a decrease in the mean rating of the effect of education on well-being and health in the final survey. For the other determinants, physical environments and health services, and biology and genetic endowment, responses in the final survey were generally consistent with baseline results. Overall ratings of importance and effect of

determinants on well being and health are on the high side—greater than 3.5 on a 5 point scale. (See Appendix C for complete results.)

4.6 SUMMARY OF INFLUENCERS' AWARENESS OF DETERMINANTS AND ROLE

Contributors to Family Well-being and Health

Determinants that contribute to family well-being and health mentioned by influencers were **social supports**, **income**, **child development** and **coping skills**. The most frequently mentioned contributors were factors related to income, with 45% of influencers mentioning them in the final survey. Influencers were more likely to mention income at final than at baseline, whereas fewer young parents identified factors related to income at final. On the other hand, fewer influencers mentioned factors related to **social supports** at final. The percentage of response related to **employment and working conditions** also decreased from baseline to final (12% baseline; 4% final).

When comparing responses of influencers and young parents at final, both groups mentioned factors relating to **social supports** most frequently. However, there were major differences between the groups with respect to the frequency that factors related to several other determinant categories were mentioned. Young parents more frequently mentioned factors related to **personal health practices** and **biology and genetic endowment**, whereas influencers more frequently cited factors related to **income**, **child development** and **coping skills**.

In fixed response questions, there was little difference between influencers' and young parents' ratings. Young parents' mean ratings on items relating to **coping skills** and **employment and working conditions** were marginally higher than influencers. An exception was the level of agreement with the statement that community supports affect well-being and health, where proportionately more young parents than influencers agreed with the statement. On the other hand, influencers rated items related to **child development** more highly than did young parents.

Awareness of Role and Responsibility for Well-being and Health

Influencers' responses regarding individual responsibility for health were similar at baseline and final, with somewhat fewer influencers at final viewing health education as the responsibility of the family. The proportion of influencers that strongly agreed that government has a responsibility for health promotion increased from one third at baseline to one half at final. Influencers were more likely than young parents to agree that health is the responsibility of the family and of the government.

5. COMPARISON OF AWARENESS OF DETERMINANTS: YOUNG PARENTS, INFLUENCERS, & A CANADIAN SAMPLE

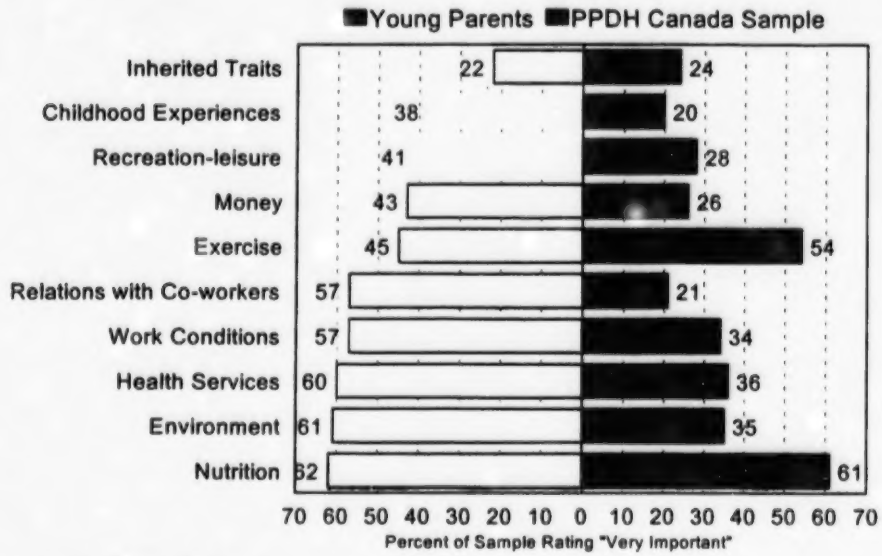
The following figures provide comparisons of responses to questions that were asked in the Public Perceptions of the Determinants of Health (PPDH) Survey—a Canada wide survey carried out in 1996 and reported in Canada's Health Monitor. Respondents to that survey were individuals living in Canada, 18 years and older. PPDH sub-samples were used for approximate comparisons with the *You're Amazing* sample. The PPDH Alberta sub-sample includes all respondents, age 18 and over, who reside in Alberta. The Parent sub-sample includes all parents from the total sample, regardless of age or province of residence. Comparisons are made between these sub-samples from the PPDH survey and the *You're Amazing* young parents and influencers samples. Reviewing Figures 10 to 13, both the young parents and the influencers responding to the *You're Amazing* evaluation final survey consistently showed a broader awareness of the determinants of health than the sample responding to the PPDH survey. This same trend was evident in the baseline survey. Comparisons of young parents responses at baseline, interim and final are presented (Figure 14)as well as comparisons of influencers' responses at baseline and final (Figure 15). Figure 16 provides a comparison of influencers and young parents' responses.

The following figures present the responses to the following question:

"The next few questions are about what you think is important for well-being and health. On a scale of one to five, where one means not at all important and five means very important, please tell me how important each of the following is to your personal health."

a. The physical and mental characteristics you inherit from your parents
b. Your life experiences as a child
c. Recreation and leisure time
d. The amount of money you have available for the things you need
e. Regular physical activity such as exercise, sports or games
f. Your relations with co-workers and managers
g. Physical environment in the workplace
h. The health services you receive
i. Environmental conditions in your neighbourhood
j. A good diet

Figure 10. Alberta Young Parents/PPDH Canadian Sample (all respondents)
Self-rated Importance of Health Determinants to Personal Health



Source: *You're Amazing* Evaluation &
"Public Perceptions of the Determinants of Health," Canada's Health Monitor, 1996.

Figure 11. Alberta Influencers/PPDH Canadian Sample
Self-rated Importance of Health Determinants to Personal Health

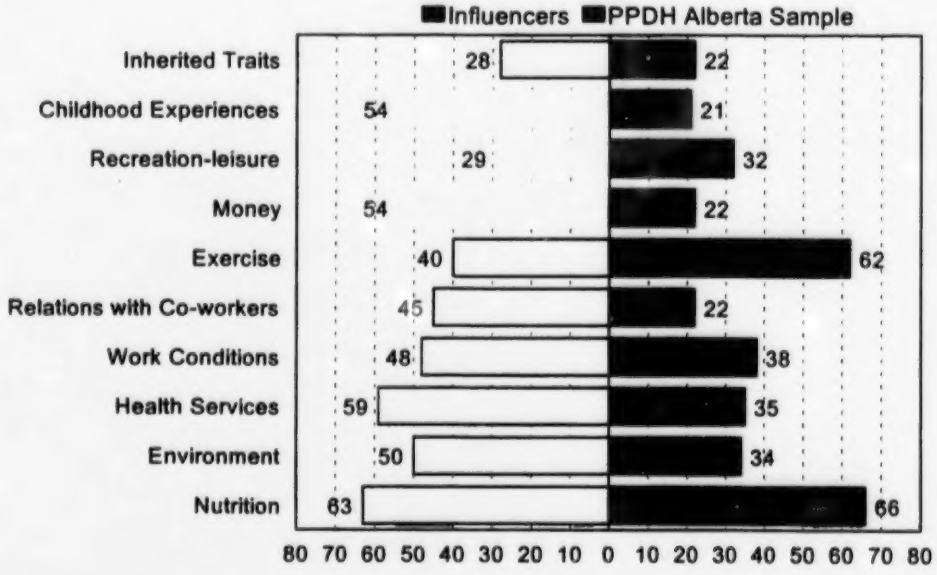
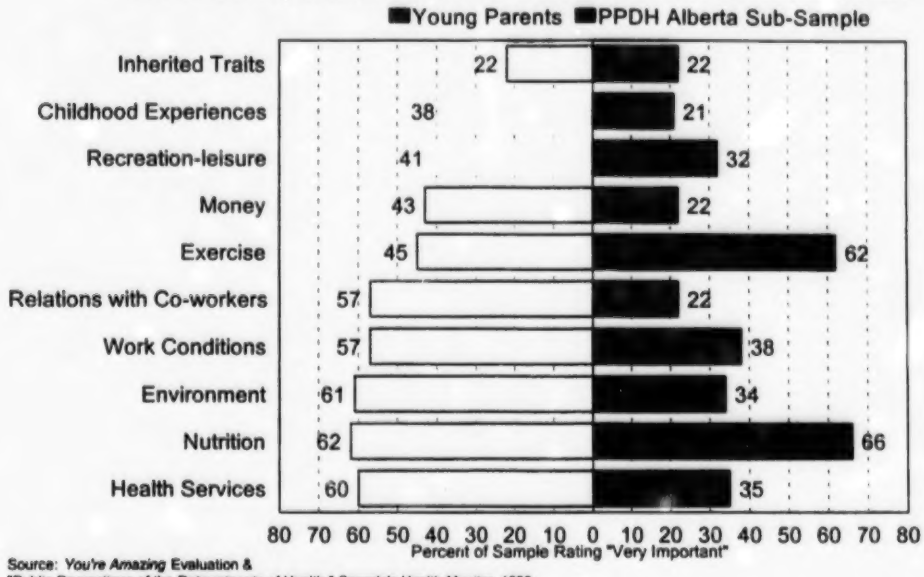
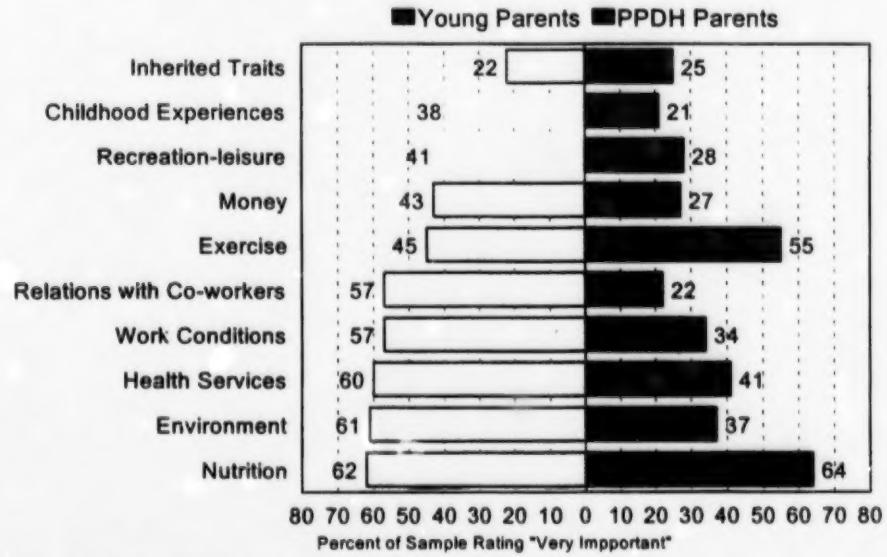


Figure 12. Alberta Young Parents (18- 30 years)
/PPDH Alberta Sub-sample (18 + years, parents & non-parents)
Self-rated Importance of Health Determinants to Personal Health



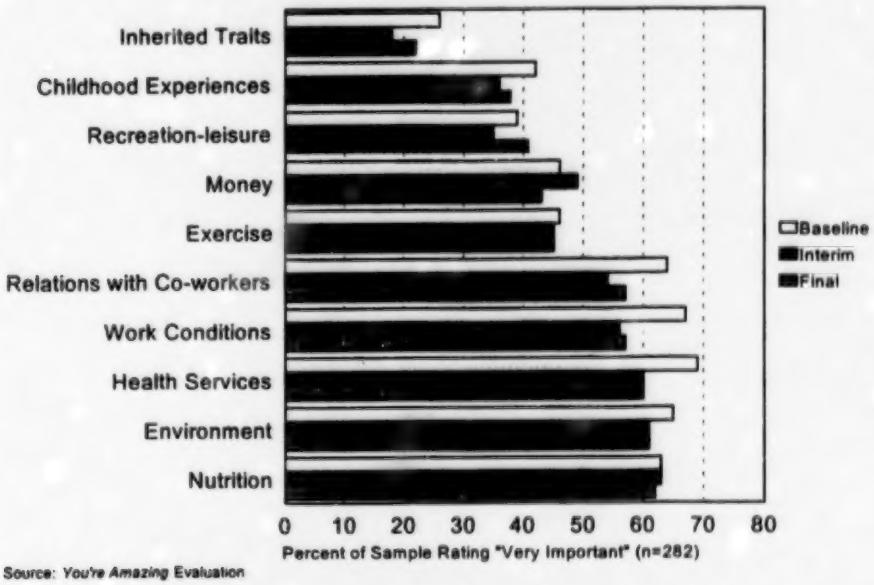
Source: *You're Amazing* Evaluation &
"Public Perceptions of the Determinants of Health," Canada's Health Monitor, 1996.

Figure 13. Alberta Young Parents/PPDH Sub-sample of Parents (18+ years)
Self-rated Importance of Health Determinants to Personal Health



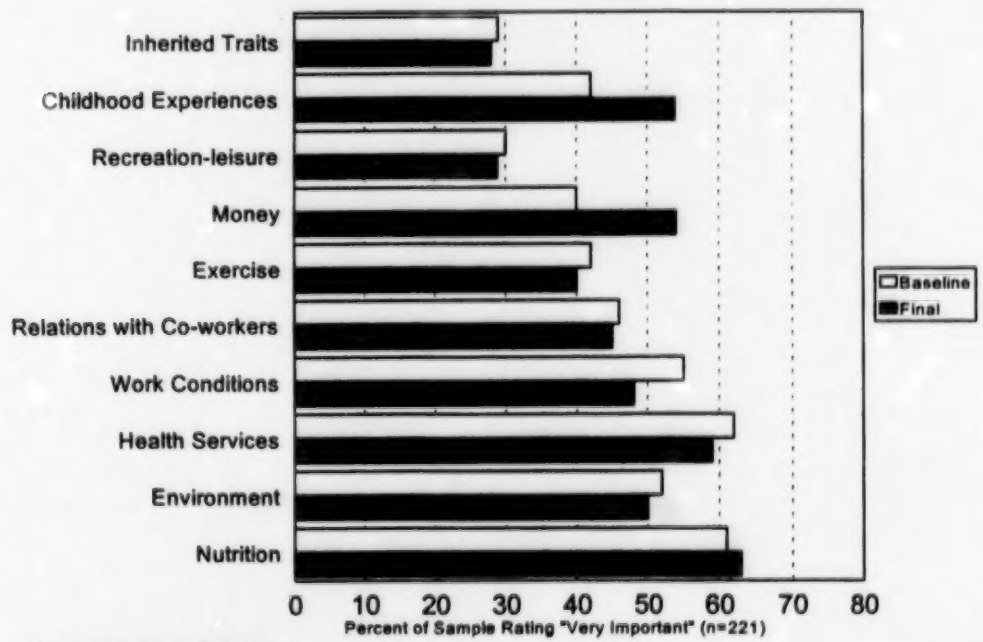
Source: *You're Amazing* Evaluation &
"Public Perceptions of the Determinants of Health," Canada's Health Monitor, 1996.

Figure 14. Alberta Young Parents Baseline, Interim and Final Survey Comparisons
Self-rated Importance of Health Determinants to Personal Health



Source: *You're Amazing* Evaluation

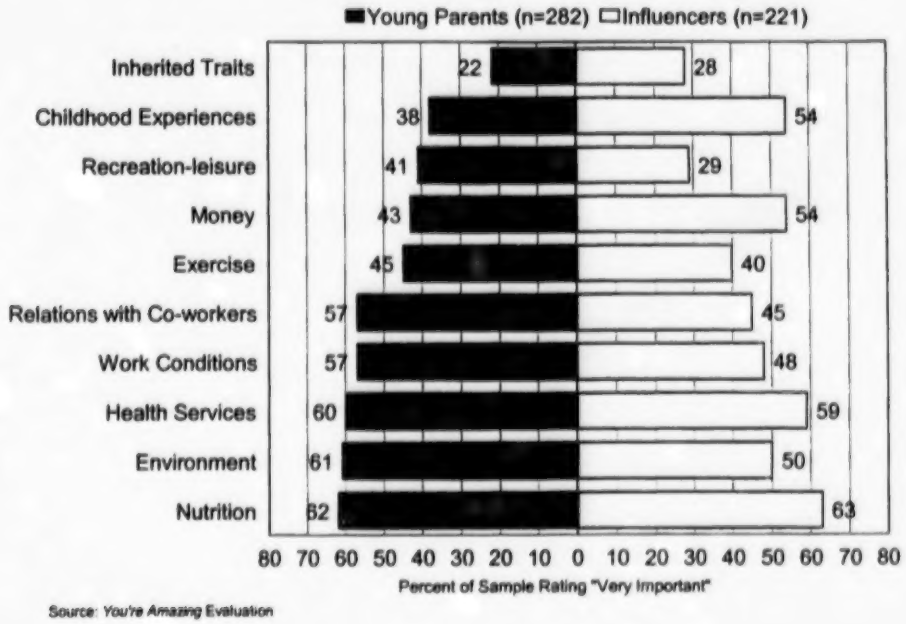
Figure 15. Alberta Influencers Baseline and Final Survey Comparisons
Self-rated Importance of Health Determinants to Personal Health



Source: *You're Amazing* Evaluation

Figure 16 presents a comparison between young parents' and influencers' responses. Both groups display a similar ranking of the importance of these items, based on the frequency of responses, with the exception of childhood experiences and the amount of money available. Following health services and nutrition, influencers most frequently rated these two items as very important to personal health.

Figure 16. Young Parents and Influencers Final Survey Comparisons
Self-rated Importance of Health Determinants to Personal Health



Source: *You're Amazing* Evaluation

6. OPINIONS ON PROGRAM AND POLICY OPTIONS

At the time of the final survey, four questions were added to gather more information relevant to planning future health promotion initiatives. Young parents and influencers were asked for their general opinions on program and policy options surrounding health promotion initiatives. The pattern of responses was generally the same for young parents and influencers (see Table 29).

Should parents be a high priority for health promotion programs in Alberta?

All 282 young parents interviewed in the final phase of the study were asked to indicate on a five point scale the extent to which they agreed or disagreed with the opinion statement, "*Young parents should be a high priority for health promotion programs in Alberta*". The most frequent response received was strongly agree (42%), followed by agree somewhat (37%). Similar responses were found among the influencers.

Does informing young parents about determinants of health help to promote their health?

Young parents' modal response to an opinion statement that asserted, "*Informing young parents about determinants of health helps to promote their health*", was to strongly agree (48%). Almost no disagreement with this statement was expressed. Again, influencers' responses were very similar in distribution.

Is social marketing of health messages like "You're Amazing" an effective way to promote the health of young parents?

The young parents in the panel were neutral, or tended to agree somewhat, with this statement. This finding is consistent with results of the qualitative interviews of the 50 parents interviewed in which many parents expressed limited familiarity with the program and revealed that exposure to some elements had little impact. The influencer group appeared to have similar views.

Should Alberta Health and Wellness and private business corporations work together and fund health promotion programs like "You're Amazing?"

Overall, young parents agreed with this policy option, although 18% were neutral on this point, and about 8% disagreed to some extent. The influencers were somewhat less supportive, with 15% disagreeing.

TABLE 29

Opinions on Program and Policy Options

	SD 1	DS 2	N 3	AS 4	SA 5
Young parents should be a high priority for health promotion programs in Alberta."					
Young parents (n=282)	0.7	1.8	18.4	36.9	42.2
Influencer group (n=221)	0.6	3.8	20.2	30.0	45.5
Informing young parents about determinants of health helps to promote their health.					
Young parents (n=282)	0	0.7	12.4	39.4	47.5
Influencer group (n=221)	0	4.7	7.0	37.7	50.6
"Social marketing of health messages like "You're Amazing" is an effective way to promote the health of young parents."					
Young parents (n=282)	7.8	9.6	29.3	29.3	24.1
Influencer group (n=221)	4.0	4.5	29.8	31.4	30.3
Alberta Health and Wellness and private business corporations should work together and fund health promotion programs like "You're Amazing."					
Young parents (n=282	2.9	5.4	17.7	37.2	39.7
Influencer group (n=221)	7.5	7.3	15.6	29.8	36.8

Key: SA=Strongly Agree; AS= Agree Somewhat; N=Neutral; DS=Disagree Somewhat; SD=Strongly Disagree.

7. CONCLUSION & RECOMMENDATIONS

You're Amazing Program Reach and Visibility

Forty one percent (n=116) of the young parents in the final survey (n=282) were aware of the *You're Amazing* program. Twenty-seven percent of the young parents recognized the program by name, the remaining 73% indicated awareness when asked about exposure to specific program elements. The percentage of young parents who were aware of the program increased from 15% at interim to 40% at final. The success of increasing program recognition could be maintained with continued efforts in distribution of *You're Amazing* program materials. Influencers were only asked if they recognized the program by name, and of the 221 respondents, 35 (16%) indicated that they were aware of the *You're Amazing* program.

Program elements were distributed mainly through public health units, schools, and the Be Fit For Life summer tours. Public health centres in regional health authorities were the most effective venues for social marketing of *You're Amazing* program messages. Young parents also frequently mentioned participation in the Population Research Laboratory surveys about the *You're Amazing* program as the second most frequent reason for being aware of the program. Almost half of the respondents who had heard about the program were aware of one element, more than a quarter were aware of two, and one third were aware of three or four elements. For influencers, 27% mentioned more than one site or element that informed them of the program.

With respect to program elements, the Family Kit reached the largest number of young parents interviewed in the final survey, followed by the poster and the calendar. At interim, the calendar reached the most members of the target group. In the final survey, approximately the same number of respondents said they saw the "You Ought to Be in Pictures" travelling display, posters and the bookmarks or brochures.

About 13% of the young parents aware of the *You're Amazing* program were able to recall other partners or sponsors (a decline from 22% at interim).

No specific quantitative measures were set to determine the success of the *You're Amazing* program with respect to reaching the target group. Examination of the literature on expectations for reach of social marketing programs did not reveal any specific target that could be used for this program. Given that no previous social marketing programs have addressed health awareness with young parents, it may not have been realistic to set specific goals. While it is difficult to assess the effectiveness of the *You're Amazing* program itself, the data gathered in this evaluation may be used for establishing benchmarks for future similar programs.

Nevertheless, the results of one local and two nation-wide health promotion initiatives that used social marketing techniques provided some context for assessing the reach of the *You're Amazing* program. ParticipACTION saw 20-25% public awareness after about 5 years, and after 25 years, it is now estimated that 90% of the target group is aware, with about 50% providing unprompted name recognition.[20] After 1 year, the "5 A Day" program in the United States showed 10% program recognition, increasing to 15% in the second year. The use of intensive marketing techniques for the local program, "Hanging with Riff," resulted in more immediate recognition of the program, with 30% of the target audience indicating program awareness after two months.

The nation-wide campaigns, initially showed lower recognition rates than the *You're Amazing* program; however, increases of program awareness over time were significant, indicating continued presentation of messages over time is critical for program recognition. The intensive marketing of the local program resulted in a much higher immediate recognition rate. Although not directly comparable, since the marketing methods, target groups and measurements differ, fitting the *You're Amazing* program somewhere between the local program and the nation-wide programs suggests that reach of the *You're Amazing* program was favourable.

You're Amazing Program Impact

Almost three quarters of the young parents and 70% of influencers who were aware of the program thought that it was a good way to reach young parents.

Fifty five percent of the young parents who were aware of *You're Amazing* were able to identify a program message. The majority of messages received from the program related to the focus of the *You're Amazing* program: One quarter of the young parents mentioned messages related to family relationships and support, and 17% reported increased health awareness. However, about 45% of the young parents who said they were aware of the program were unable to articulate any specific message. Influencers who had heard about *You're Amazing* were more likely to be able to identify a message, with only 34% saying they could not say what the message was. Most of those who were unable to articulate a message said they had only had limited exposure to the program.

An analysis of variance was carried out to determine whether contact with the *You're Amazing* program effected any significant change in young parents' responses to fixed-response questions. This analysis did not reveal any trends or effects that could be attributed to the program. However, in the qualitative interviews, about one in four parents indicated that the *You're Amazing* program had influenced their awareness of health determinants and their involvement in health promoting behaviour by providing positive reinforcement, reminders and new information. Young parents said that the program informed them about resources and gave them ideas for new ways to spend time with their family. About one in five respondents to the qualitative interview who made changes to improve well-being and health indicated that the *You're Amazing* program

20 Source: Russ Kisby, President,ParticipAction - personal communication, July 1999

elements, or the survey itself, may have influenced their decision to make the change. Those parents who were not influenced by the program either viewed the messages as something they already knew, or perceived that they had not had adequate exposure to the program to increase or influence awareness of factors contributing to well-being and health.

Awareness of Health Determinants: Young Parents and Influencers

At baseline, young parents' responses to the survey indicated that they were generally aware that health is influenced by a broad range of factors and took an active role in promoting well-being and health for themselves, their families and their communities, making it unlikely that there would be demonstrable change for this group on measures of awareness that were the result of exposure to the *You're Amazing* program. Influencers, likewise, demonstrated this same general awareness.

As in the baseline and interim surveys, **social supports** were the most frequently mentioned factor that contributes to a family's well being and health in the final survey of young parents. Factors related to **personal health practices** and **biology and genetic endowment** were also frequently mentioned as contributors to well-being and health. These two health determinants were not addressed by the *You're Amazing* program. The barriers to well-being and health that were most frequently identified by young parents were related to **coping skills** and **income**. Influencers, like young parents, the most frequently mentioned contributors to well-being and health were related to **social supports**. Factors related to **income** and to **child development** were also mentioned often by influencers.

In sum, young parents are more likely to mention factors related to **social supports**, and **personal health practices** and less likely to mention factors related to **income, employment and working conditions** and **education** as contributors to family well-being and health. On the other hand, fixed response ratings, for the most part, indicate that young parents recognize that these factors are important to well-being and health. The exception arises when young parents (and influencers) are asked about the gradient effects of education and income. Further research would be necessary to understand the differences that are evidenced here.

Some differences exist between young parents and influencers with respect to views about contributors to well-being and health. Both young parents and influencers clearly identify **social supports** as a contributor to family well-being and health; however, young parents identified "time with family" most frequently under this category, whereas influencers most frequently identified "supportive relationships with family and friends" under this category. Almost 45% of influencers cited "financial security" as a contributor, whereas only 13% of young parents cited this same element.

Young parents' responses to the questions regarding changes made, planned changes, and behaviours that promote well-being and health, provide some insight into their views of what they can do to promote well-being and health for themselves and their families. In

response to these questions, young parents most frequently mentioned factors related to **social supports** and **personal health practices**, particularly spending time with family, participating in physical activity and good nutrition. In response to questions regarding roles and responsibilities for family and individual health, both young parents and influencers continue to agree that individuals and government each have responsibilities to take a role in the promotion of well-being and health.

In response to questions that asked about what contributes to a healthy community and what they did to promote a healthy community, young parents most frequently cited factors relating to **social supports**. Participation in community activities and good communication and cooperation between neighbours were mentioned in response to both questions. Young parents' recognition of the importance of social supports within a community is reinforced by their own involvement in supportive activities in their community.

For both the fixed response questions and the open-ended questions used to measure awareness of health determinants and involvement in promoting well-being and health in their families and their communities, there was little change in either group over the period of the evaluation study. While the information gathered in this study did not indicate change related to *You're Amazing* program efforts, it does establish a measure of young parents' and influencers' awareness of the factors that influence well-being and health.

Young parents were chosen as the target group for the *You're Amazing* program because they are receptive to new information and the transition to parenthood provides motivation for change. Perhaps, because of these existing qualities, some young parents in the sample had already sought out and obtained much of the information that was contained in the *You're Amazing* program messages. Thus, although they were receptive to the program, it was perceived as a tool for reinforcing and supporting existing knowledge and behaviour, rather than as a source of new information.

Program and Policy Options

Over three quarters of young parents and influencers agreed that young parents should be a priority for health promotion programs, and almost 90% of all respondents felt that informing young parents about health determinants promotes their health. Young parents, more than influencers, felt that corporate support of health promotion programs was a good idea. When asked about the effectiveness of programs like *You're Amazing*, there was less agreement in both groups than in previous questions. One third of respondents remained neutral, and a little more than half of young parents agreed that programs such as *You're Amazing* were effective for health promotion.

New Information

Although the limitations of timeframe and other intervening factors acknowledged above make it difficult to demonstrate the effect of the *You're Amazing* program, the evaluation provides valuable information that can be used as a benchmark for future health promotion initiatives like *You're Amazing*. Some key learnings gained from this evaluation follow:

- Young parents recognize that health is influenced by a range of factors beyond health services and standard health practices.

- Young parents identify factors relating to **social supports**, and **personal health practices** more often than factors relating to **income, employment and working conditions** and **education**.

- Young parents' reports regarding change, intention to change and ongoing behaviours to promote well-being and health reflect their perception that these behaviours benefit not only themselves but their families and their children as well.

- Young parents reported that the *You're Amazing* program messages reinforced and supported their positive attitudes and behaviours in promoting their own, their family's and their community's health.

- Social gradient effects of income and education on well-being and health are not clearly identified by young parents or influencers.

Recommendations for Design and Evaluation of Future Initiatives

As noted above, determining the impact of a social marketing program such as *You're Amazing* can be difficult. The following recommendations are suggested for faciltating the design and evaluation of future social marketing initiatives.

1. *Use interactive program elements to attract the target group to key messages.* The *Amazing* Family Kit and the calendars provided a number of elements that encouraged participant interaction. These two elements were most frequently cited as having an effect on attitude and behaviour. Elements such as posters and brochures increase program visibility, but are not as effective for instilling program messages.

2. *Establish measurable objectives for expected reach and impact of the program.* While 40% of the target group were aware of the program at final interview, only 22% could identify a program message. Distinctions need to be made between awareness of the program and the impact of the program messages over time. Program objectives should also be based on results from other similar social marketing initiatives

3. *Establish quantifiable objectives for expected change in the target group.* The objectives of the program were to increase young parents' awareness of the determinants of health. The measures established at baseline mainly addressed this general objective. However, the *You're Amazing* program not only focused on providing information and thus increasing awareness of health determinants, but also on encouraging and supporting the positive behaviours and attitudes that already existed in the target group. Program objectives need to address all these aspects. The objectives and interventions should be clearly stated to provide consistent direction to the program and to facilitate evaluation of program objectives.

4. *Be flexible in the evaluation process.* In a scientific study, using a repeated measures design, it is essential that tests and measures remain exactly the same in a repeated measures design. In an evaluation of a social marketing program, while some elements should remain consistent, the evaluation instruments should be adjusted to capture the process of the program. Evaluators and program personnel need to examine the validity of their measures in each phase of the evaluation. An example from this study is the repetition of fixed response items. At baseline, over 75% of respondents indicated that they recognized the importance to well-being and health of all of the factors presented. Based on this initial response, fewer items could have been used in subsequent surveys while still yielding similar information. In addition, there were few quantifiable measures for program reach and impact. Most of the information in this area was revealed in the qualitative interviews with a small sub-sample of the target group sample, which does not allow for generalization.

5. *Start small to refine program process.* The objectives of the program were far-reaching both in expected change and expected range of dissemination. Over the short period of the program and the evaluation, it was unlikely that these objectives could be met. Initial implementation of the program within a limited geographic area would have provided an opportunity for refining the program elements and dissemination process so that it could more easily be expanded to a wider population. This would also provide an opportunity for clarifying program objectives. A further benefit, from the evaluation standpoint, would be that a comparison group could be constructed in another similar community.

6. *Extend the period of program implementation.* The *You're Amazing* program had only a two year implementation period. A broad based program such as this requires more time for effective dissemination of program messages. Repeated and varied exposure is important for instilling program messages. In the absence of a longer implementation period, more intensive marketing over the short term or limiting the scope of the program, as mentioned above, would be required to increase both visibility and impact.

APPENDIX A

DATA COLLECTION INSTRUMENTS
for
FINAL SURVEY

YOU'RE AMAZING EVALUATION

"YOU'RE AMAZING" FINAL SURVEY OF TARGET GROUP
January 1999

INTRODUCTION

Hello, my name is . I am calling from the Population Research Laboratory at the University of Alberta.

MAY I PLEASE SPEAK TO (respondent's name) ?

You participated in a survey last April that asked about what you think and do about your own well-being and health. You agreed to let us call you back in about a year's time. Do you remember?

Yes <1>
No <2>

This survey is being conducted for Alberta Health, and is part of an evaluation of the health promotion program called "You're Amazing" which is aimed at 18 to 30 year old parents.

CALLBACK INTRODUCTION

Hello, my name is . I am calling from the Population Research Laboratory at the University if Alberta. I am calling back to complete an interview we had previously started.

I would like to interview you. I hope that now is a good time for you. Your opinions are very important so that people who plan health promotion programs in Alberta can make good decisions based on your views. The survey will last about 15 minutes of your time to complete, depending on your answers.

(INTERVIEWER MAY HAVE TO MAKE LATER APPOINTMENT IF THE INDIVIDUAL IS WILLING BUT THIS IS NOT A GOOD TIME.)

(IF THIS IS NOT A GOOD TIME: May we make an appointment to do this interview at a time that is convenient for you?)

RE-CONTACT:
(If respondent is not willing to participate at this time, go to Question X1, at the end of the survey.)

Before we start I'd like to assure you that your participation is voluntary and that any information you provide will be kept confidential and anonymous. If there are questions that you do not wish to answer, let me know, and I'll go on to the next question. You, of course, have the right to end the interview at any time. All the information you provide will be coded for computer analysis. Our findings will always be presented in a grouped form. Your name and phone number will not appear anywhere in the data

reported and only research personnel will have access to your phone number. Also, the information collected is subject to the Freedom of Information and Protection of Privacy Act in Alberta.

If you have any questions about the survey, you can call Mary Gartrell, Project Team Leader at Alberta Health [(780) 415-2755], or Dr. Allison McKinnon, Executive Director of the Population Research Laboratory, University of Alberta [(780) 492-4659 extension 227].

Do I have your permission to proceed with the interview?

Yes <1>
No <2> If "no", then thank the person for his/ her time and terminate the telephone call.

<D. CHANGES>

The first few items are about changes you have made or plan to make in your habits or lifestyle.

D1. In the past few months, have you made any changes in your habits or lifestyle to improve your well-being or health?

1 Yes (Ask D2)
2 No (Go to E1)
0 No response

D2. What changes have you made? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)

1 quit/ reduced smoking
2 reduced/ quit alcohol consumption
3 improved diet
4 increased physical activity
5 received medical treatment
6 took educational upgrading (any educational courses0
7 went for personal counselling
8 got family counselling
9 managed/ reduced stress
10 spent more time with family
11 quit job to stay at home
12 changed family status (got married/ separated/ divorced)
13 improved family organization
14 moved
15 changed jobs
16 increased participation in religious activities
17 increased participation in community
18 other (specify) _____
19 no response/ exit

<E. FAMILY WELL-BEING>

NOW I WANT TO ASK YOU SOME QUESTIONS ABOUT WHAT YOU THINK IS IMPORTANT FOR YOUR FAMILY'S WELL-BEING AND HEALTH.

E1. The well-being and health of a family is very complex. Considering all parts of your life, what contributes to your family's well-being & health?
(DO NOT READ LIST, DO NOT PROMPT: ACCEPT UP TO FOUR RESPONSES)

<1> love among family members
<2> good job
<3> financial security
<4> good physical health
<5> positive attitude
<6> good coping skills/mental health
<7> good nutrition
<8> support from spouse
<9> secure, stable home life
<10> time with family
<11> family organization (discipline and structure)
<12> good communication
<13> good education
<14> supportive relationships with friends/family
<15> spirituality
<16> participation in religious activities
<17> participation in community/school activities
<18> other (specify)_____
<19> Don't know/Don't understand question
<20> No response/Exit

E3. What do you or your family do to promote the well-being and health? of your family? (DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)

<1> give positive reinforcement and support to each other
<2> spend time with the family
<3> keep a positive attitude
<4> provide a secure, stable home life
<5> try to live within our means
<6> eat a healthy diet
<7> get enough sleep
<8> get regular exercise
<9> maintain discipline and structure in the family
<10> went for/ am getting personal counselling (emotional/psychological) <11> went for / are getting family counselling
<12> at least one parent not working outside the home
<13> open communication with family (husband and children)
<14> take courses (personal development, educational upgrading)
<15> keep in touch with friends/family
<16> participate in religious activities
<17> participate in community/school activities
<18> other (specify)_____
<19> Don't know/Don't understand question
<20> No response/Exit

E4. Considering all parts of your life, what are the barriers to YOUR FAMILY'S well-being and health?
(DO NOT READ LIST; ACCEPT UP TO FOUR ANSWERS)

1 financial problems
2 lack of stability
3 not satisfied with work/ job
4 lack of time
5 too many things to do
6 stress
7 lack of sleep
8 poor communication (arguing, fight bewteen parents and children)
9 lack of support from friends/ family
10 change in marital status
11 emotional abuse
12 physical abuse
13 lack of education
14 lack of discipline and structure in the family
15 lack of exercise
16 poor nutrition/ diet
17 lack of access to medical or social care facilities
18 other (specify)
19 don't know/ don't understand question
20 no response/ exit

E7. In the future, what do you plan to do to improve your well-being and health and the well-being and health of your family?
(DO NOT READ LIST; ACCEPT UP TO FOUR RESPONSES)

1 quit/ reduce smoking
2 reduce/ quit alcohol consumption
3 improve diet
4 increase physical activity
5 receive medical treatment
6 take courses (personal development, educational upgrading)
7 improve relationships with family /friends
8 get family counselling
9 manage/ reduce stress
10 spend more time with family
11 quit job to stay at home
12 change family status (get married/ separated/ divorced)
13 improve family organization (discipline/ structure)
14 move
15 change jobs
16 increase participation in religious activities
17 increase participation in community
18 other (specify)
19 don't know/ don't understand question
20 no response/ exit

<F. COMMUNITY>

Now a question about your involvement in your community.

F2. In the past 12 months, how often have you participated in community activities or meetings? (Examples: Community or school events, organizational meetings such as PTA, Community Leagues, volunteer boards, religious services, etc.
(READ LIST, MARK ONE ONLY)

1 at least once a week
2 at least once a month
3 at least 3 or 4 times a year
4 at least once a year
5 not at all
0 no response

Now, I would like to ask you a couple of questions about what you think is important for a healthy community.

F5. What contributes the most to a healthy community? (DO NOT READ. SELECT UP TO FOUR)

0 safety
1 low crime rate
2 clear air/ clear water
3 neighbours who help each other
4 friendly neighbours
5 parks and other recreational facilities
6 recreational opportunities for all ages
7 accessible support programs (parent & tot, etc.)
8 good schools
9 money
10 people who are involved in the community
11 family involvement
12 community and church groups that address community needs
13 participation in religious activities
14 participation in community activities
15 health facilities that are easily accessible
16 other (specify) _____
17 don't know/ don't understand question
18 no response/ Exit

F7. What do you or your family do to promote the health of your community (DO NOT READ. SELECT UP TO FOUR)

1 volunteer in community/ school activities
2 participate in community/ school activities
3 help out neighbours
4 watch neighbour's house when they are away
5 recycle
6 pick up litter
7 politically active to promote change
8 other (specify) _____
9 don't know/ don't understand question
10 no response/ Exit

On a scale from one to five, where ONE is STRONGLY AGREE AND FIVE IS STRONGLY DISAGREE, please tell me how you agree with or disagree with each of the following statements. The higher the number, the more you disagree with the statement. You can use any number between one and five.

F9. What happens in your community affects your family's well-being and health.

1	2	3	4	5	6	0
Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	Don't Know	No Response

F10. You feel "connected" to your community.

1	2	3	4	5	6	0
Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Disagree	Don't Know	No Response

<K. PUBLIC PERCEPTIONS OF THE DETERMINANTS OF HEALTH>

THE NEXT FEW ITEMS ARE ABOUT WHAT YOU THINK IS IMPORTANT FOR **PERSONAL** WELL-BEING AND HEALTH.

On a scale of one to five, where **ONE MEANS NOT AT ALL IMPORTANT** and **FIVE MEANS VERY IMPORTANT**, please tell me how important each of the following is to your personal health.

K1. A smoke-free environment

K2. Physical environment in the workplace (for example, windows, clean space, good lighting, etc.)

K3. Your relations with co-workers and managers

K4. Environmental conditions in your neighbourhood

K5. The amount of money you have available for the things you need.

K6. Recreation and leisure time.

K7. Regular physical activity such as exercise, sports or games

K8. Participation in social and cultural activities

K9. The physical and mental characteristics you inherit from your parents.

K10. Your life experiences as a child

K11. Adequate rest and sleep

K12. A good diet

K13. Control of stress

K14. The health services you receive

<L. OTHER DETERMINANTS OF HEALTH>

In the previous sections, the items focused on your personal well-being and health. Now I am going to read statements about GENERAL WELL-BEING AND HEALTH. Please tell me to what extent you agree or disagree with each one using a scale from one to five, where **1 means STRONGLY DISAGREE and 5 means STRONGLY AGREE**.

L1. Health education is primarily the responsibility of the family.

L2. Communities that provide supports for families promote the well-being and health of children.

L3. What happens to a person's health depends mainly on him or her (how they take care of themselves).

L8. The government has a responsibility to provide resources for promoting the well-being and health of young families.

L26. Experiences of young children affect their adult health.

L29. People with higher incomes are more likely to be healthier than people with lower incomes.

L30. The way a family gets along together affects their health.

L33. People with lower levels of education are more likely to have health problems.

L34. What happens to a person's health depends on the social supports that are available in the community.

(* The responses to these questions at interim seemed to be affected by social desirability. They should either be changed or dropped from the questionnaire.)

NOW, on a scale of one to five, where **1 means NO EFFECT and 5 means BIG EFFECT**, I would like you to tell me how much of an effect you think each of the following has on well-being and health in general.

L9. Unemployment (Not having a job)

L10. Income

L11. Housing

L13. Education

L14. Emotional stress

L16. Crime

L19. Immunization of children for preventable diseases.

L20. Regular dental check-ups.

L21. Regular medical check-ups

L22. Injuries in the home

L23. Participation in voluntary organizations, such as school groups, church groups, community or ethnic associations.

L25. Social service programs and agencies that are easily accessible.

L27. Public health clinics that are easily accessible.

L28. Baby's weight at birth.

L31. Chronic or frequent illness

L32. Air and water quality

<YOU'RE AMAZING PROGRAM>

In June, 1997, Alberta Health launched a health promotion campaign called "You're Amazing" that is geared towards young parents and their families. We are interested in finding out what you know about it.

Y1. Have you heard of the "You're Amazing" program?

<1> Yes (ask Y1a)
<2> No (ask Y2)
<3> Don't know (ask Y2)
<0> No response (ask Y2)

Y1a. Where or how did you find out about it?
(Select all that apply)

<1> Shopping mall, rodeo, fair, festival
<2> Credit Union
<3> Radio
<4> Newspaper article (specify)
<5> Newspaper ad (Calgary's Child)
<6> Calendar
<7> Brochure
<8> Bookmark
<9> Poster
<10> Other (specify)
<11> Don't know
<0> No response

<You Ought to be in Pictures>

Last summer (1998) the "You're Amazing" program sponsored the "You Ought to be in Pictures" display at festivals, rodeos and fairs throughout the province.

Y2. Did you see this display?

<1> Yes (Ask Y2a)
<2> No
<3> Don't know
<0> No response

(If respondent has not heard of "You're Amazing" or did not see "You Ought to Be in Pictures," go to Y4.)

Y2a. Did you have your picture taken, get a foam Frisbee, or write down an idea for how you can make health happen?

<1> Yes
<2> No
<3> Don't know
<0> No response

Y2b. Could you tell me where you saw the display?

<Calendar>

The "You're Amazing" program has distributed a calendar for 1999.

Y4. Have you seen or do you have a "You're Amazing" calendar?

<1> Yes, have one. (Ask Y4a)
<2> Yes, have seen it. (Ask Y4b)
<3> No (Ask Y5)
<4> Don't know (Ask Y5)
<0> No response (Ask Y5)

Y4a. (If respondent has one) Where did you get it?

<1> Kindergarten
<2> Family day home
<3> Public Health Centre
<4> Christmas Bureau
<5> Salvation Army
<6> Other (specify) _____
<7> Don't Know
<0> No Response

Y4b. (If respondent has seen one) Where did you see it?

<1> Kindergarten
<2> Family day home
<3> Public Health Centre
<4> Christmas Bureau
<5> Salvation Army
<6> Other (specify) _____
<7> Don't Know
<0> No Response

<Brochure and Book Marks>

Y5. Have you seen any brochures or book marks from the "You're Amazing" program?

<1> Yes, have one. (Ask Y5a)
<2> Yes, have seen it.
<3> No (Ask Y6)
<4> Don't know (Ask Y6)
<0> No response (Ask Y6)

Y5a. Where did you see/get it?

<Poster>

Y6.Have you seen the "You're Amazing" poster?

<1> Yes, have one. (Ask Y6)
<2> Yes, have seen it. (Ask Y6)
<3> No (Ask Y7
<4> Don't know (Ask Y7)
<0> No response (Ask Y7)

Y6a. Where did you see/get this?

<Family Kit>

The "You're Amazing" program has distributed a "Family Kit", a folder that includes many different items that encourage activities that promote family well-being and health.

Y10. Have you seen or do you have a Family Kit?

<1> Yes, have one. (Ask Y7a)
<2> Yes, have seen it. (Ask Y7a)
<3> No (Ask Y8)
<4> Don't know (Ask Y8)
<0> No response (Ask Y8)

Y10a. Where did you get/see/ hear about it?
<1> Health Unit/ Regional Health Authority office
<2> Day care
<3> Media promotions (radio/ newspaper/ television)
<4> Other (specify) _____
<5> Don't Know
<0> No Response

<Sponsors>

Y9. The "You're Amazing" program is sponsored by Alberta Health and other contributing sponsors and partners. Do you recall, from the materials you have seen, who the other sponsors and partners are? <Select all that apply.>

<1> Credit Union
<2> Pfizer Pharmaceutical
<3> Alberta Health Authorities (RHAs)/ Health Units
<4> Other (specify)
<5> Don't recall
<0> No response

<Message>

The next few questions are about what you think about the "You're Amazing" program and the things that Alberta Health has done to promote the program.

Y8. What message or messages did you get from the "You're Amazing" program?

Y8a. Of what you have seen from "You're Amazing" program, do you think this is a good way to reach young parents?

<1> Yes
<2> No
<3> Don't know
<0> No response

Y8b. What do you think is good about the You're Amazing program?

NEXT, USING A SCALE FROM 1 TO 5, WHERE 1 MEANS STRONGLY DISAGREE AND 5 MEANS STRONGLY AGREE, TO WHAT EXTENT DO YOU AGREE WITH EACH OF THE FOLLOWING STATEMENTS? YOU CAN CHOSE ANY NUMBER BETWEEN ONE AND FIVE.

Z1. Young parents should be a high priority for health promotion programs in Alberta.

Z2. Informing young parents about determinants of health helps to promote their health.

Z3. Social marketing of health messages like "You're Amazing" is an effective way to promote the health of young parents.

Z4. Alberta Health and private business corporations should work together and fund health promotion programs like "You're Amazing".

Strongly Agree	Agree Somewhat	Neutral	Disagree Somewhat	Strongly Agree	No Response
1	2	3	4	5	0

<A. DEMOGRAPHICS & VERIFICATION>

FINALLY, I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR FAMILY STATUS, just to confirm some of the information you gave us in the first interview.

A1. Your gender is…

<1> Male
<2> Female
<0> No response

A3. How old are you?

Record age in years _____
< 0> No response

A2. What is your current marital status?

<1> Never married (single)
<2> Married and living with spouse
<3> common-law relationship
<4> living with a partner
<5> divorced
<6> separated
<7> widowed
<0> No response

A5. How many children do you have?

Record number of children _____
<0> No response

EMPLOYMENT

B1. Are you now employed? That is, do you have any work for which you receive a wage or money for services?

1 yes
2 no

FINANCIAL

W10. I will list some income categories. Please stop me when I reach the category that corresponds to your total HOUSEHOLD income before taxes and deductions. (Include all sources for all household members). READ CATEGORIES AND PROMPT 'APPROXIMATELY'.

1 under $5,000
2 5,000 to 10,000
3 10,000 to 15,000
4 15,000 to 20,000
5 20,000 to 25,000
6 25,000 to 30,000
7 30,000 to 35,000
8 35,000 to 40,000
9 40,000 to 45,000
10 45,000 to 50,000
11 50,000 to 60,000
12 60,000 to 70,000
13 70,000 to 80,000
14 80,000 to 90,000
15 90,000 to 100,000
21 over 100,000
22 Don't Know
<0> No response

<CONCLUSION>

WE'VE REACHED THE END OF THE SURVEY. THANK YOU FOR TAKING THE TIME TO DO THIS INTERVIEW.

X2. Another part of this study is to conduct in depth interviews with a selected number of respondents. This interview will last 30 to 40 minutes.

Would you be willing to be contacted again to complete this in-depth interview in two or three weeks?

<1> Yes (go to appointment window)
<2> No
<0> No response

THANK YOU FOR YOUR TIME.
WE HAVE REACHED THE END OF THE SURVEY.

"YOU'RE AMAZING" TARGET GROUP
IN-DEPTH TELEPHONE INTERVIEW PROTOCOL
FEBRUARY 1999

Background Respondent Information:
Respondent Name:
Age:
Sex:
Marital Status:
Spouse Age:
Number/Age of Children:
Employment:
In School:
Education Level:
Spouse Education Level:
Disability or Limitation of Family member:
Income Group:
Rural/Urban:

_____START TIME

INTRODUCTION AND REQUEST FOR INTERVIEW

1. Hello, my name is _____. I'm calling from the Population Research Laboratory at the University of Alberta.

2. I have dialled XXX-XXXX. Is this correct?

3. Is _____ at home? We previously made an appointment for an interview related to the *You're Amazing Program* developed by Alberta Health. I'm calling back to conduct the interview. Is this a convenient time for you?

4. The purpose of this interview is to understand your attitudes and actions around your health and well-being, and that of your family and community. We are collecting this information for Alberta Health under the provisions of the Freedom of Information and Protection of Privacy Act. In our previous interview, you answered general questions about your own and your family's well-being and health. Now, I would like to speak with you in more detail about some of those questions.

5. Before we start, I would like to assure you that your participation is voluntary and that any information you provide will be kept confidential and anonymous. If there are any questions you do not wish to answer, please feel free to point these out to me and I'll go on to the next question. You of course have the right to terminate the interview at any time.

6. If you have any questions about the study, you can call *Mary Gartrell*, Project Team Leader at Alberta Health [(780) 415-2755], or *Dr. Allison McKinnon*, Executive Director of the Population Research Laboratory, University of Alberta [at (780) 492-4659 extension 227].

7. Do I have your permission to proceed with the interview?

NOTE: If the answer is NO, then thank the individual for his/ her time and terminate the telepone call. If the answer is YES, then proceed to request permission to tape the interview.

8. I would like to audiotape this interview so as to ensure the accuracy and completeness of the information collected from you. After the interview, your responses will be transcribed and all identifying information will be removed from the transcription. After the tape is transcribed, the tape will be erased. Do I have your permission to tape the interview?

NOTE: If the answer is NO, then input responses directly into the computer file but do not audiotape the interview. If the answer is YES, then proceed to audiotape the interview.

FAMILY & PERSONAL WELL-BEING AND HEALTH

I would like to begin by asking you some questions about things that influence your family's well-being and health. When you responded to our general survey on [enter date], you said that [enter responses to question E1] contribute to your family's well-being & health.

1. In what way do these things contribute to your family's well-being and health?

2. Are there any other things that you feel are important for maintaining and improving your family's well-being and health? If so, what are they?

You mentioned some of the things that you and your family do to promote well-being and health. [Enter responses from E3.]

3. What part do you play in making sure that these things are available for your family?

4. What may get in the way of your being able to do this?

5. What kinds of support do you get when you do these things? (Does anyone, anything, make it easier for you to do the things that promote well-being and health in your family?)

6. Do you think the *You're Amazing* program has influenced your ideas about what contributes to the well -being and health of yourself, your family, or your community? Would you provide some examples to explain your answer to this question?

CHANGES

NOW I WOULD LIKE TO TALK TO YOU ABOUT SOME OF THE CHANGES YOU HAVE MADE, AND CHANGES THAT YOU PLAN TO MAKE [SO AS TO PROMOTE HEALTH AND WELL-BEING].

You said that you have [enter responses to D2] in the past 12 months.

1. How do you think those changes contribute to your, and your family's, well-being and health?

2. What led you to make these changes?

3. Did you receive any help or support when you made those changes? [Who or what helped or supported you?]

4. Did the "You're Amazing Program" influence the changes you have made? If so, how did the You're Amazing Program influence you?

You also said that you plan to make some change in the future. [Enter responses from E7].

5. How do you think those changes will contribute to your family's well-being and health?

6. Who/ what influenced you to think about making these changes?

7. What may get in the way of making those changes?

8. What would help you make those changes?

OTHER COMMENTS

1. Is there anything else you want to say about ways to improve the health and well-being of yourself, your family, or your community?

2. Is there anything else you want to say about the "You're Amazing" Program?

WE'VE REACHED THE END OF THE INTERVIEW AND I'D LIKE TO THANK YOU VERY MUCH FOR PARTICIPATING.

_____ END TIME

"YOU'RE AMAZING" FINAL SURVEY OF INFLUENCER GROUP
February 1999

Hello, my name is . I am calling from the Population Research Laboratory at the University of Alberta.

May I please speak to (respondent's name).

Your telephone number was selected from the telephone numbers of people we interviewed about two years ago for a study on promoting the health of young families in Alberta. Do you remember participating in that survey?

<1> Yes
<2> No

THIS SURVEY IS BEING CONDUCTED FOR ALBERTA HEALTH, and is part of a larger study about a health promotion program called "You're Amazing" which is aimed at 18 to 30 year old parents. For this part of the study we would like to speak again to individuals who play an influential role with these young parents, either through work, friendships, or family relationships.

1. Would you still consider yourself to be one of these individuals?

<1> Yes
<2> No
<0> No response

(IF QUALIFIED) WE WOULD BE INTERESTED IN GETTING YOUR OPINIONS ON SOME OF THE SAME THINGS WE HAVE TALKED TO 18 TO 30 YEAR OLD PARENTS ABOUT IN A SEPARATE SURVEY. I hope that now is a good time for you. Your opinions are very important so that Alberta Health can make good decisions based on your views. This survey will last about 10 minutes, depending on your answers.

(INTERVIEWER MAY HAVE TO MAKE LATER APPOINTMENT IF THE INDIVIDUAL IS ELIGIBLE BUT THIS IS NOT A GOOD TIME.)

IF NOT A GOOD TIME: Can we make an appointment to do this interview at a time that is convenient for you?

Before we start, I'd like to assure you that your participation is entirely voluntary and that any information you provide will be kept confidential. If there are any questions that you do not wish to answer, please feel free to point these out to me and we'll go on to the next question. You have the right to end the interview at any time.

Your answers will not be presented individually but only as grouped information. Also, the information collected is subject to the Freedom of Information and Protection of Privacy Act in Alberta.

If you have any questions about the survey, you can call *Mary Gartrell*, Project Team Leader at Alberta Health [(780) 415-2755], or *Dr. Allison*

McKinnon, Executive Director of the Population Research Laboratory, University of Alberta [at (780) 492-4659 extension 227].

Do I have your permission to proceed with the interview?

<1> Yes
<2> No

NOTE: If the answer is NO, then thank the individual for his/ her time and terminate the telephone call.

Q. RELATIONSHIP TO YOUNG FAMILIES

Q1. You said that you play an influential role with parents who are between 18 and 30 years old. What is your extended family relationship, if any, to these parents?

<1> Parent
<2> Sibling
<3> Aunt
<4> Uncle
<5> Cousin
<6> Grandparent
<7> In-law
<8> No family relationship
<9> Other (specify)

Q2. Do you have a professional or other non-family relationship to parents in this age group?

<1> Yes [ASK Q3.]
<2> No [GO TO Q.4]

Q3. What is this relationship? [DO NOT READ]

<1> Friend
<2> Neighbour
<3> Priest, minister, rabbi or other religious leader
<4> Social worker, family counsellor
<5> Health professional (nurse, physician)
<6> Mental health professional
<7> Co-worker
<8> Employer
<9> Other (specify)
<10> Teacher
<0> No response
<99> Not Applicable

Q4. In all, with about how many parents in this age group do you have regular contact at least once a month?

R. HEALTH ATTITUDES AND COMMUNITY PERCEPTIONS

R1. The well-being and health of a family is very complex. Considering all parts of life, what factors contribute the most to a family's well-being & health? (DO NOT READ. ACCEPT UP TO FOUR ANSWERS).

1 love among family members
2 good job
3 financial security
4 good physical health
5 positive attitude
6 good coping skills/ mental health
7 good nutrition
8 support from spouse
9 secure, stable home life
10 time with family
11 family organization (discipline and structure)
12 good communication
13 good education
14 supportive relationships with friends/ family
15 spirituality
16 participation in religious activities
17 participation in community/ school activities
18 other (specify) _____
19 don't know/ don't understand question
20 no response/ exit

S. DETERMINANTS OF WELL-BEING AND HEALTH

On a scale of one to five, where **1 means NOT AT ALL IMPORTANT and 5 means VERY IMPORTANT**, please tell me how important you think each of the following is to well-being and health.

S1. A smoke-free environment

S2. Physical environment in the workplace

S3. Relations with co-workers and managers

S4. Environmental conditions in neighbourhoods

S5. The amount of money available for the things a person needs.

S6. Recreation and leisure time.

S7. Regular physical activity such as exercise, sports or games

S8. Participation in social and cultural activities

S9. Physical and mental characteristics inherited from parents.

S10. Life experiences as a child.

S11. Adequate rest and sleep

S12. A good diet

S13. Control of stress

S14. The health services a person receives.

T. OTHER DETERMINANTS OF HEALTH

Now I am going to read you a series of statements about well-being and health. Using a scale from 1 to 5, where 1 means **STRONGLY AGREE and 5 means STRONGLY DISAGREE, please tell me how much you agree or disagree with** each of the following:

T1. Health education is primarily the responsibility of the family.

T2. Communities that provide supports for families promote the well-being and health of children.

T3. What happens to a person's health depends mainly on her or him.

T8. The government has a responsibility to provide resources for promoting the well-being and health of young families.

T26. Experiences of young children affect their adult health.

T29. People with higher incomes are more likely to be healthier than people with lower incomes.

T30. The way a family gets along together affects their health.

T33. People with lower levels of education are more likely to have health problems.

T34. What happens to a person's health depends on the social supports that are available in the community.

On a scale of one to five, where one means no effect and five means big effect, I would like you to tell me what effect you think each of the following has on well-being and health in general.

T9. Unemployment (Not having a job)

T10. Income

T11. Housing

T13. Education

T14. Emotional stress

T16. Crime

T19. Immunization of children for preventable diseases.

T20. Regular dental check-ups.

T21. Regular medical check-ups

T22. Injuries in the home

T23. Participation in voluntary organizations, such as school groups, church groups, community or ethnic associations.

T25. Social service programs and agencies that are easily accessible.

T27. Public health clinics that are easily accessible.

T28. Baby's weight at birth.

T35. Parents spending time alone together.

T36. Parents taking time for themselves as individuals.

T31. Chronic or frequent illness

T32. Air and water quality

<YOU'RE AMAZING PROGRAM>

In June of 1997, Alberta Health launched a health promotion campaign called "You're Amazing" that is geared towards young parents and their families. We are interested in finding out what you know about it.

Y1. Have you heard of the "You're Amazing" program?

<1> Yes (ask Y1a)
<2> No (ask Z4)
<3> Don't know (ask Z4)
<0> No response (ask Z4)

Y1a. Where or how did you find out about it? (Select all that apply)

<1> Shopping mall, rodeo, fair, festival
<2> Credit Union
<3> Radio
<4> Newspaper article
<5> Newspaper ad
<6> Calendar
<7> Brochure
<8> Bookmark
<9> Poster
<10> Other (specify)
<11> Don't know
<0> No response

<MESSAGE>

The next few questions are about what you think about the "You're Amazing" program and the things that Alberta Health has done to promote the program.

Y8. What message or messages did you get from the "You're Amazing" program?

Y8a. Of what you have seen from "You're Amazing" program, do you think this is a good way to reach young parents?

<1> Yes
<2> No
<3> Don't know
<0> No response

Y8b. What do you think is good about the *You're Amazing* program?

Next, using a scale from 1 to 5, where 1 means STRONGLY AGREE and 5 means STRONGLY DISAGREE, to what exten do you agree or disagree with each of the following statements? (You can choose any number between one and five.)

Z1. Young parents should be a high priority for health promotion programs in Alberta.

Z2. Informing young parents about things that affect health helps to promote their health.

Z3. Social marketing of health messages like "You're Amazing" is an effective way to promote the health of young parents.

Z4. Alberta Health and private business corporations should work together and fund health promotion programs like "You're Amazing".

<DEMOGRAPHICS>

The next few questions will give us a better picture of the people who participated in this study.

P3. How old are you? _____ years

<99> No response.

P6. Your gender is ...
<1> Male
<2> Female

EDUCATION

W6. How many years of schooling have you completed? This includes the total of grade school, high school, vocational, technical, and university.

_____ years

EMPLOYMENT

B2. Are you currently employed in a paid job?

<1> Yes
<2> No
<0> No response

INCOME

W10. I will list some income categories. Please stop me when I reach the category that corresponds to your total HOUSEHOLD income before taxes and deductions. (Include all sources)
[READ CATEGORIES AND PROMPT "APPROXIMATELY"]

<1> under 5,000 dollars
<2> 5,000 to 10,000
<3> 10,000 to 15,000
<4> 15,000 to 20,000
<5> 20,000 to 25,000
<6> 25,000 to 30,000
<7> 30,000 to 35,000
<8> 35,000 to 40,000
<9> 40,000 to 45,000
<10> 45,000 to 50,000
<11> 50,000 to 60,000
<12> 60,000 to 70,000
<13> 70,000 to 80,000
<14> 80,000 to 90,000
<15> 90,000 to 100,000
<16> 100,000 +
<17 Don't Know
<00> No Response

WE HAVE REACHED THE END OF THIS SURVEY.
THANK YOU FOR YOUR PARTICIPATION!

APPENDIX B

TARGET GROUP

OTHER DETERMINANTS OF HEALTH

OTHER DETERMINANTS OF HEALTH

Young Parents – *You're Amazing* Final Survey

The following tables and figures provide a comparison between baseline, interim and final responses regarding awareness of selected determinants that are not the focus of the *You're Amazing* messages. The tables summarize the responses to fixed response questions, while the figures provide comparisons of responses to open-ended qeustions.

Personal Health Practices

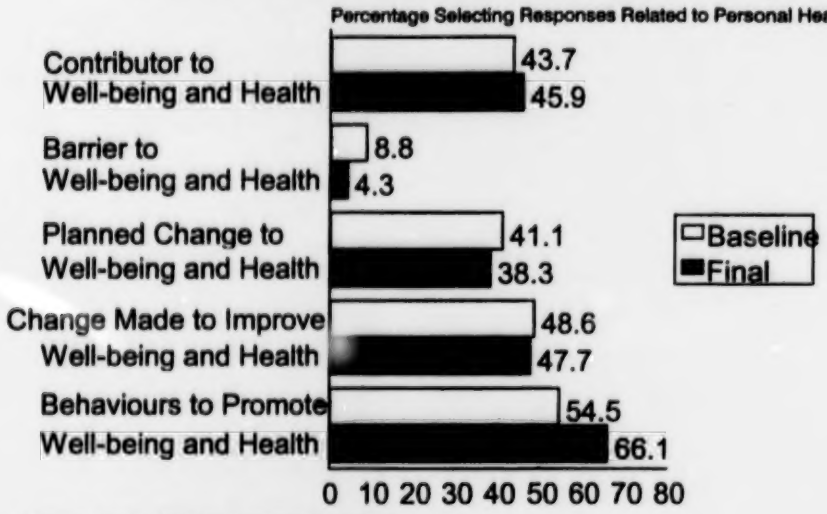
Personal health practices continue to be rated as very important. There is a slight increase in the mean ratings for the items in this determinant category; however, the distribution of ratings and the mean ratings show little variation between surveys.

TABLE B1
PERSONAL HEALTH PRACTICES (percentages at T1 and T2)

	Not at all Important	1	2	3	4	5 Very Important	
Regular physical activity							
	Baseline	1.6	6.2	11.1	35.4	45.8	Mean - 4.18
	Interim	.2	1.2	14.5	39.5	44.6	Mean - 4.27
	Final	.0	1.0	13.1	40.7	45.2	Mean - 4.30
Adequate rest/sleep							
	Baseline	1.4	1.2	5.8	26.4	65.1	Mean - 4.53
	Interim	.0	2.1	7.0	28.3	62.6	Mean - 4.51
	Final	.7	.7	2.6	31.6	64.5	Mean - 4.58
A good diet							
	Baseline	1.1	.2	4.4	31.5	62.9	Mean - 4.55
	Interim	.0	.2	6.5	30.5	62.9	Mean - 4.56
	Final	.7	.2	3.7	33.6	61.8	Mean - 4.56

Factors related to personal health practices were the most frequently cited by young parents in response to questions regarding change and behaviour that promote well-being and health. With respect to contributors to well-being and health, only social supports were mentioned more frequently.

Figure B1. Personal Health Practices
Responses to Open-ended
Results of Baseline and Final Interviews of Young



Source: *You're Amazing* Program Evaluation

Education

Young parents' rating of the importance of education to well-being and health decreased considerably between baseline and interim, and this decrease was maintained between the interim and final surveys. At baseline, 65 percent of respondents indicated that education had a big effect on well-being and health. This dropped to 31 percent of respondent at interim and 30 percent of respondents at final.

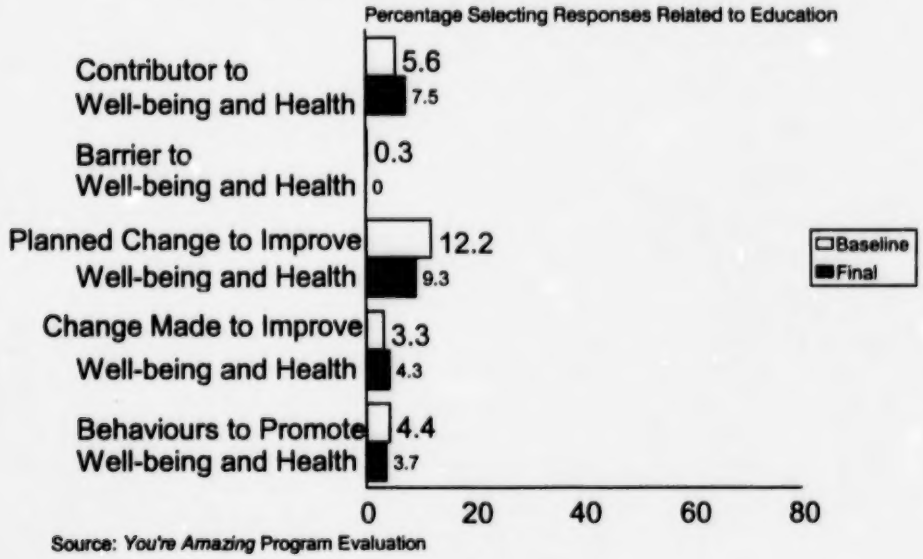
An additional question related to this determinant,which emphasized the gradient effect of educational levels on health, was asked in the interim and final surveys. The responses to this question are considerably different from most of the fixed response questions asked in the survey in that only 6 percent of respondents at baseline, and 10 percent of respondents at final strongly agreed with the statement, almost one-third (30%) were neutral in both surveys. However, the percentage of respondents who disagreed that people with lower levels of education are more likely to have health problems did decrease from almost 50 percent at interim to about 40 percent in the final survey, resulting in a slightly higher mean for level of agreement (2.60 baseline, 2.80 final).

TABLE B2
EDUCATION (percentages at T1 T2 and T3)

	No Effect	1	2	3	4	5	Big Effect
Education							
	Baseline	1.9	.0	7.4	25.3	65.3	Mean - 4.52
	Interim	.9	4.9	29.3	34.2	30.8	Mean - 3.89
	Final	1.2	3.0	28.7	36.9	30.2	Mean - 3.92
	Strongly Disagree	1	2	3	4	5	Strongly Agree
People with lower levels of education are more likely to have health problems							
	Interim	20.5	27.8	29.8	15.7	6.3	Mean - 2.60
	Final	21.3	18.1	30.2	20.2	10.2	Mean - 2.80

Factors related to education were not frequently mentioned in reponses to open-ended questions.

Figure B2. Education
Responses to Open-ended Questions
Results of Baseline and Final Interviews of Young Parents



Source: *You're Amazing* Program Evaluation

Physical Environments

Between baseline and interim, there was a slight increase in the mean rating of the importance of *environmental conditions in the neighborhood* to well-being and health (4.49 baseline, 4.51 interim) which was maintained in the final survey (4.52 final). On the other hand, the mean rating of the effect of three other more specific indicators—housing, crime, and injuries in the home—decreased for the interim and final surveys.

TABLE B3
PHYSICAL ENVIRONMENTS (percentages at T1 T2 and T3)

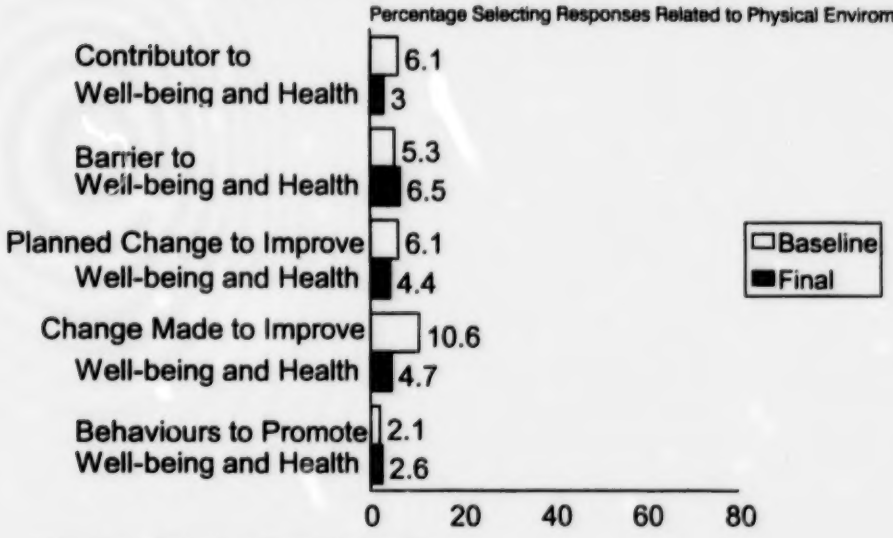
	Not at all Important	1	2	3	4	5	Very Important
Smoke free environment							
	Baseline	6.6	3.1	8.9	8.8	72.5	Mean - 4.37
	Interim	6.3	3.8	12.1	13.3	64.5	Mean - 4.26
	Final	5.3	3.0	4.8	18.4	68.4	Mean - 4.42
Environmental conditions in neighbourhood							
	Baseline	.3	1.4	11.4	22.2	64.7	Mean - 4.49
	Interim	.2	.0	9.4	29.2	61.2	Mean - 4.51
	Final	.9	.3	5.5	32.0	61.3	Mean - 4.52
	No Effect	1	2	3	4	5	Big Effect
Housing							
	Baseline	.2	1.9	20.8	28.0	49.1	Mean - 4.24
	Interim	.7	5.0	25.0	37.6	31.7	Mean - 3.95
	Final	.0	3.0	28.0	40.6	28.4	Mean - 3.94
Crime							
	Baseline	1.2	2.1	10.7	30.0	55.9	Mean - 4.37
	Interim	1.4	3.7	25.6	31.4	38.0	Mean - 4.01
	Final	1.2	3.9	21.0	35.5	38.3	Mean - 4.06
Injuries in the home							
	Baseline	1.6	2.3	25.3	32.9	37.8	Mean - 4.03
	Interim	1.6	4.8	22.0	41.4	30.3	Mean - 3.94
	Final	1.4	4.4	27.5	40.1	26.6	Mean - 3.86
Air and water quality							
	Interim	.0	.2	7.5	30.3	62.1	Mean - 4.54
	Final	.0	1.1	4.6	34.1	60.2	Mean - 4.54

An question related to air and water quality added to the interim and final surveys revealed that over 90% of parents viewed this having an effect on health in both surveys, and none rated it as having no effect. The mean rating of over 4.5 on a 5-point scale corresponds to the high importance rating given to environmental conditions in neighbourhoods.

The frequency of open-ended responses related to physical environments decreased from baseline to final for young parents, with the exception of barriers to well-being and health (Figure B3).

Figure B3. Physical Environments

Responses to Open-ended Questions
Results of Baseline and Final Interviews of Young Parents



Source: *You're Amazing* Program Evaluation

Health Services

Health services are consistently given high importance ratings in all surveys. There is also little change in the distribution of the ratings over all three surveys. The only item that had a mean rating less than 4.25 on a 5-point scale was the item regarding accessible social service programs (3.92 baseline, 3.80 interim, 3.88 final).

An additional question included in the interim and final surveys regarding the importance of accessible public health clinics revealed that over 85% of young parents view this service as important to well-being and health.

While young parents' ratings in fixed response questions related to health services are high, factors relating to health services were not frequently mentioned in the open-ended questions.

TABLE B4

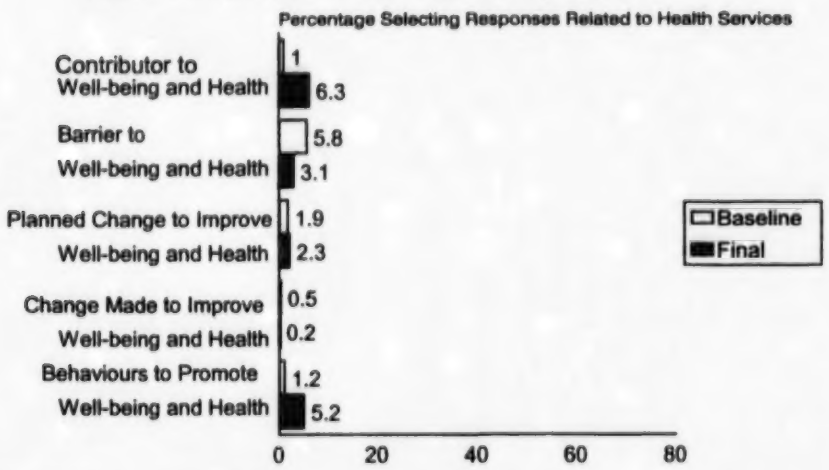
HEALTH SERVICES (percentages at T1 T2 and T3)

	Not at all Important	1	2	3	4	5	Very Important
Health services you receive							
	Baseline	.0	2.3	5.5	23.3	68.9	Mean - 4.59
	Interim	.2	.5	10.2	29.1	60.0	Mean - 4.48
	Final	.2	.5	4.8	34.5	60.0	Mean - 4.54
	No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Immunization							
	Baseline	1.9	2.3	2.8	21.7	71.3	Mean - 4.58
	Interim	.8	.3	6.4	19.7	72.7	Mean - 4.63
	Final	.5	2.1	6.5	20.8	70.1	Mean - 4.58
Regular dental check-ups							
	Baseline	.3	5.3	11.0	35.9	47.5	Mean - 4.25
	Interim	.2	2.8	15.0	36.2	45.8	Mean - 4.25
	Final	.0	2.2	14.1	42.7	40.9	Mean - 4.22
Regular medical check-ups							
	Baseline	1.8	1.4	9.1	33.2	54.5	Mean - 4.37
	Interim	.2	.8	10.1	33.9	55.0	Mean - 4.43
	Final	.3	.8	12.4	48.5	51.5	Mean - 4.38
Social Service programs/ agencies that are easily accessible							
	Baseline	4.0	3.0	23.7	35.3	33.9	Mean - 3.92
	Interim	1.6	2.6	32.1	41.7	22.0	Mean - 3.80
	Final	.7	5.3	24.8	44.1	25.1	Mean - 3.88
Accessible Public Health Clinics							
	Interim	.9	.7	7.7	44.1	43.7	Mean - 4.32
	Final	.0	3.0	11.1	40.5	45.4	Mean - 4.28

Figure B4. Health Services

Responses to Open-ended Questions

Results of Baseline and Final Interviews of Young Parents



Source: *You're Amazing* Program Evaluation

Biology & Genetic Endowment

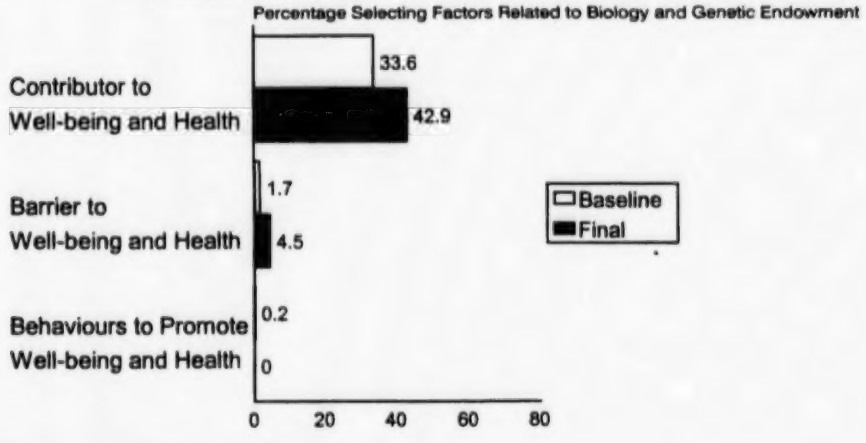
There were only small differences in mean ratings for the importance of inherited physical and mental characteristics to well-being and health between all three surveys. The mean rating for this item dropped somewhat at interim (3.64 baseline, 3.46 interim, 3.62 final) with over 18 percent of respondents indicating that it was not important to well-being and health.interim survey. An item relating to chronic/frequent illness added at interim and repeated in the final survey, revealed that over half of respondents rated this factor as having a big effect on health (54% at both interim and final).

TABLE B5
BIOLOGY & GENETIC ENDOWMENT (percentages at T1 T2 and T3)

	Not at all Important	1	2	3	4	5	Very Important
Inherited physical & mental characteristics							
	Baseline	5.0	8.0	31.2	29.7	26.1	Mean - 3.64
	Interim	4.4	14.0	31.0	32.3	18.3	Mean - 3.46
	Final	3.8	5.7	37.7	30.8	22.0	Mean - 3.62
	No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Chronic/frequent illness							
	Interim	.7	1.6	7.7	36.4	53.7	Mean - 4.41
	Final	.2	1.1	10.7	33.8	54.3	Mean - 4.41

In the final survey, young parents mentioned factors related to biology and genetic endowment, particularly "good physical health" only in response to open-ended questions regarding contributors and barriers to well-being and health. The frequency of these responses increased from baseline to final.

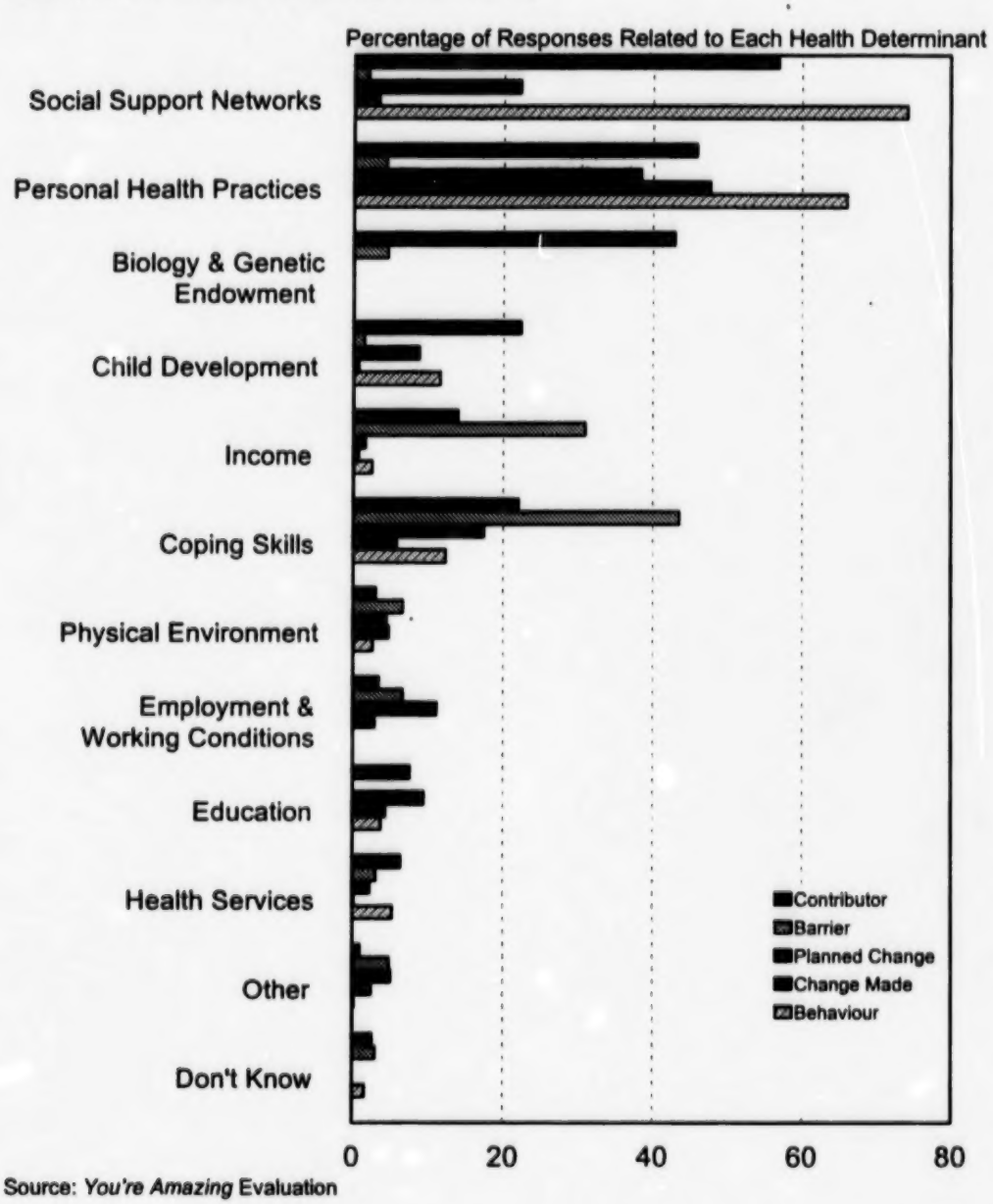
Figure B5. Biology and Genetic Endowment
Responses to Open-ended Questions
Results of Baseline and Final Interviews of Young Parents



Source: *You're Amazing* Program Evaluation

Figure B6 provides a summary of young parents' responses to open-ended questions by health determinant .

Figure B6. Young Parents' Responses to Open-ended Questions by Health Determinant – *You're Amazing Final Survey*



Source: *You're Amazing* Evaluation

APPENDIX C

INFLUENCER GROUP

OTHER DETERMINANTS OF HEALTH

Personal Health Practices

The majority of respondents rated the importance of health practices highly (Table C1). Adequate rest and sleep and a good diet are both rated as very important by over 60 percent of respondents in both the baseline and final surveys. None felt that these two factors held no importance. While regular physical activity was rated slightly less important, it is still rated as very important by over 40 percent of respondents in both surveys, and none rated it as not at all important.

TABLE C1
PERSONAL HEALTH PRACTICES (percentages at T1 and T3)

	Not at all Important	1	2	3	4	5 Very Important	
Regular physical activity							
	Baseline	.0	1.9	18.5	37.5	42.1	Mean - 4.20
	Final	.0	.3	13.9	45.7	40.1	Mean - 4.26
Adequate rest/sleep							
	Baseline	.0	.6	2.7	36.7	60.1	Mean - 4.56
	Final	.0	.0	10.0	26.1	64.0	Mean - 4.54
A good diet							
	Baseline	.0	.0	2.1	37.0	60.9	Mean - 4.59
	Final	.0	.0	6.5	30.8	62.7	Mean - 4.56

Education

When asked about the effect of education on well-being and health at baseline, a large majority of respondents perceived an effect, with 56 percent choosing the highest level of effect and 31 percent choosing the second highest level of effect on a five point scale. This rating decreased in the final survey with only 32 percent indicating the highest level of effect, with 6 percent selecting a rating of little or no effect, compared to 2 percent according this low rating at baseline.

TABLE C2
EDUCATION (percentages at T1 and T3)

	No Effect	1	2	3	4	5 Big Effect	
Education							
	Baseline	.1	1.2	11.8	30.5	56.4	Mean - 4.42
	Final	1.8	4.1	19.7	42.0	32.4	Mean - 3.99
	Strongly Disagree	**1**	**2**	**3**	**4**	**5**	**Strongly Agree**
People with lower levels of education are more likely to have health problems							
	Final only	12.7	19.8	26.7	25.2	15.6	Mean - 3.11

A new question, added at interim for the target group, asked about perceptions of the effect of level of education on health. As with the target group, responses to this question do not reflect the responses to the question regarding the effect of education on well-being and health. Seventy-four percent of respondents in the final survey indicated the two highest effect ratings for the effect of education on well-being and health, whereas only 41 percent of these same respondents strongly agreed that the level of education

affects health and almost one third either strongly disagreed, or disagreed somewhat with the statement.

Physical Environments

Respondents were presented with environmental situations and asked to determine the importance or effect of each situation (Table C3). While smoke free environments and environmental conditions in neighbourhoods are seen as having importance by over 80 percent of respondents, there is less emphasis on the effect of injuries in the home, crime, and housing in both surveys. Slightly more than one half of respondents selected the top two ratings (4 and 5 on a 5-point scale) for the effect of *injuries in the home* on health (53% baseline, 58% final); 68 percent rated housing as having an effect on health in both surveys. The rating of the effect of crime on health decreased in the final survey. At baseline, 48 percent of respondents selected the highest effect rating for this factor, while only 36 percent accorded the same rating in the final survey. The mean rating for the effect of crime on well-being and health dropped from 4.17 at baseline to 3.94 in the final survey.

An additional question related to air and water quality added to the target group survey at interim and included in the final influencer survey revealed similar results to the target group ratings. Over 90% of influencers rated this having an effect on health, and none rated it as having no effect. This corresponds to the high importance rating given to environmental conditions in neighbourhoods.

TABLE C3
PHYSICAL ENVIRONMENTS (percentages at T1 and T3)

	Not at all Important	1	2	3	4	5	Very Important
Smoke free environment							
	Baseline	.7	6.3	12.1	19.6	61.3	Mean - 4.35
	Final	.6	6.8	9.2	17.3	66.0	Mean - 4.41
Environmental conditions in neighbourhood							
	Baseline	.0	.6	9.4	38.4	51.6	Mean - 4.41
	Final	.0	.0	9.6	40.2	50.2	Mean - 4.41
	No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Housing							
	Baseline	.1	2.8	29.0	41.1	27.0	Mean - 3.92
	Final	.1	2.8	28.9	36.7	31.4	Mean - 3.96
Crime							
	Baseline	1.8	5.8	14.2	30.1	48.1	Mean - 4.17
	Final	4.9	5.6	16.3	37.4	35.8	Mean - 3.94
Injuries in the home							
	Baseline	3.3	8.3	35.1	33.2	20.0	Mean - 3.58
	Final	.7	7.0	34.2	35.1	23.0	Mean - 3.73
Air and water quality							
	Final Only	.0	.1	6.6	34.9	58.4	Mean - 4.52

Health Services

Respondents were asked to rate the effect or importance of health/social services they receive as well as more specific services (Table B4). Overall "traditional" health services are rated highly by the majority of respondents. However, just under one-third (32%) rated social services as having a very important effect on well-being.

In both surveys, health services overall are given high importance ratings, with little change in the distribution and means of the ratings. *Social service program and agencies that are easily accessible* received the lowest rating of the items in this category in both surveys. Nevertheless, over 65 percent of respondents at baseline and over 70 percent of respondents at final saw this element as important to well-being and health. Responses to a new question added in the target group interim survey shows over 80 percent of influencers in the final survey perceive that *accessible public health clinics* have an effect on well-being and health, with 43% giving it a rating of 5.

TABLE C4
HEALTH SERVICES (percentages at T1 and T2)

Not at all Important	1	2	3	4	5	Very Important
Health services you receive						
Baseline	.0	2.5	5.1	30.5	61.9	Mean - 4.52
Final	.6	2.5	5.5	32.7	58.8	Mean - 4.47
No Effect	**1**	**2**	**3**	**4**	**5**	**Big Effect**
Immunization						
Baseline	1.8	1.9	8.4	22.8	65.1	Mean - 4.47
Final	.6	1.9	10.7	20.9	65.9	Mean - 4.50
Regular dental check-ups						
Baseline	2.4	1.9	18.2	31.4	46.0	Mean - 4.17
Final	.0	1.3	12.2	37.2	49.3	Mean - 4.34
Regular medical check-ups						
Baseline	2.4	2.5	13.2	29.4	52.6	Mean - 4.27
Final	.0	1.3	13.0	29.4	56.3	Mean - 4.41
Social Service programs/ agencies that are easily accessible						
Baseline	1.9	5.7	25.3	37.3	29.8	Mean - 3.87
Final	.6	9.0	19.0	47.0	24.4	Mean - 3.86
Accessible Public Health Clinics						
Final Only	.0	6.1	10.4	40.6	42.9	Mean - 4.20

Biology & Genetic Endowment

Respondents were asked to rate the importance of physical and mental characteristics that one inherits from parents. In comparison to other factors affecting well-being and health, this item was rated to be of lesser importance, with fewer than 30 percent rating it as very important (29% baseline, 28% final), and 11 percent rating it as either of little or no importance in both surveys. In contrast, in response to a new question 44 percent of influencers indicated that chronic or frequent illness has a big effect on well-being and health.

TABLE C5
BIOLOGY AND GENETIC ENDOWMENT (percentages at T1 and T3)

Not at all Important	1	2	3	4	5	Very Important
Inherited physical and mental characteristics						
Baseline	1.6	7.5	31.0	30.6	29.2	Mean – 3.78
Final	3.1	7.6	23.9	37.8	27.5	Mean - 3.79

No Effect	1	2	3	4	5	Big Effect
Chronic or frequent illness						
Final only	.3	3.0	16.8	36.1	43.7	Mean - 4.20